



LETTER OF RECOMMENDATION

Please return to:
Office of Admissions
Brentwood Campus
Long Island University
100 Second Ave
Brentwood, NY 11717
Phone 631-273-5112 Fax 631-273-3155

Part A: To be completed by the Applicant:

I HEREBY _____ WAIVE _____ DO NOT WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Applicant's Name _____ Intended Major _____
Last First M.I.

Applicant's Signature _____ Date _____

Social Security Number or Student ID Number _____
(Students not wishing to disclose their Social Security Number on this form may contact the Office of Admissions at 631-273-5112 to request their individual Student ID Number.)

Semester applying for: _____ Fall _____ Spring _____ Summer _____
Year

Part B: To be completed by the Recommender:

Name _____
Please Print

Signature _____ Date _____

Position/Affiliation _____

Address _____

Please give a frank assessment of the applicant. The Office of Admissions seeks your opinion regarding the applicant and your judgment regarding the candidate's ability to succeed in his/her chosen field and to master advanced study in this area. Please use the reverse side of this page to write your narrative. Feel free to attach additional pages if necessary.