RECOMMENDATION FORM

NAME OF STUDENT: _________________________________________________________

To the Student: Please complete the upper part of this form BEFORE giving it to your recommender. Make sure you indicate your preference regarding the waiver of your rights of access and SIGN YOUR NAME.

I hereby _______(print “do” or do not”) agree to waive my rights to access to this recommendation as provided in the Family Education Rights and Privacy Act of 1974.

________________________________________  _________________________
Signature                                      Date

To the Recommender:

This student is applying for admission to ___ schools and has requested that the PHPAC review his/her dossier and if appropriate to prepare a letter of recommendation. This letter may quote directly this recommendation and include relevant additional background information which provides a helpful context for the individual recommendations. The committee would appreciate your evaluation of this student, with special reference to his or her potential for work at the graduate level or for future professional practice.

Admissions committees want to know what makes this student different from hundreds of equally qualified applicants. Please try to describe distinctive abilities and qualities in the candidate, characteristic strengths and weaknesses, quirks, special skills, etc. For our purposes, one good anecdote (about a student’s way of approaching problems or about a particular incident showing his or her potential “style”) is worth twenty conventional generalities.

Please rank the student within a suitable group as precisely as you can: for example, “among the six best students in a class of 65;” “in the top 1 or 2% of all students I have taught in organic chemistry in the past few years;” “certainly the equal of all but the best of my graduate students in genetics.”

This confidential information may be used in the letter of recommendation for the schools to which the student is applying. If you have any objection to the use of this recommendation, at the student’s request, for application to another type of graduate program or for employment, please indicate.

Please return this form to: Chairperson, PHPAC
Beaumont 207
101 Broad Street
SUNY Plattsburgh
Plattsburgh, NY 12901