



Professional Recommendation

TO THE APPLICANT:

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The act also provides that in the case of recommendations, the institution may request, but not require, the student to waive his or her right to read confidential recommendations. Please indicate below whether or not you will waive your right to read the recommendation on this form and sign your name.

I do I do not waive my right to read this confidential recommendation.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Student Signature _____ Date _____

TO THE PERSON COMPLETING THIS REFERENCE:

Nyack College has selective admissions and has a personalized review process. Accordingly, the assessment staff will be viewing my academic records, including courses pursued, grades received and scores from standardized tests. They recognize that these alone cannot predict my personal and professional promise, and so I am asked to present one reference that is directed to my ability in the area listed below. I appreciate your willingness to complete this form.

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant on the following qualities:

- Judgement excellent above average average poor no chance to observe
- Delegation excellent above average average poor no chance to observe
- Loyalty excellent above average average poor no chance to observe
- Timeliness excellent above average average poor no chance to observe
- Leadership Skills excellent above average average poor no chance to observe
- Attitude excellent above average average poor no chance to observe
- Reliability excellent above average average poor no chance to observe
- Independence excellent above average average poor no chance to observe

Please give any additional comments that would help us to know this student _____

Print Name _____ Signature _____

Address _____ Date _____