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:

Integrity	___excellent	___above average	___average	___poor	___no chance to observe
Leadership	___excellent	___above average	___average	___poor	___no chance to observe
Self-confidence	___excellent	___above average	___average	___poor	___no chance to observe
Warmth of Personality	___excellent	___above average	___average	___poor	___no chance to observe
Sense of Humor	___excellent	___above average	___average	___poor	___no chance to observe
Concern for Others	___excellent	___above average	___average	___poor	___no chance to observe
Diligence	___excellent	___above average	___average	___poor	___no chance to observe
Emotional Maturity	___excellent	___above average	___average	___poor	___no chance to observe
Personal Initiative	___excellent	___above average	___average	___poor	___no chance to observe
Reaction to Setbacks	___excellent	___above average	___average	___poor	___no chance to observe
Perseverance	___excellent	___above average	___average	___poor	___no chance to observe
Leadership Potential	___excellent	___above average	___average	___poor	___no chance to observe

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

_____

_____

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_____

_____

_____

_____

_____.

Print name:_____Signature_____

Company_____Position: _____Date_____

Address: _____

Tel: _____ E-mail: _____

Please return to:

Nyack College – Office of Graduate Programs
Hall of the State Building, Suite 700
444 N. Capitol St, NW
Washington, DC 20001
Phone: 202-220-1308
Fax: 202-220-1305

Notice of Nondiscriminatory Policy: Nyack College does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.