To the Applicant:
Duplicate this form as need for each recommendation. Complete the top portion, and give to your recommender with a self-addressed, stamped envelope.

Right to Access: This letter of recommendation is confidential. Such letters are not accessible to applicants for admission. However, Public Law 93-380, Educational Amendments Act of 1974, grants enrolled students the right to inspect letters of recommendation. If the applicant does not waive his or her right to access and is admitted and enrolled, he or she will be able to access letters.

Please check: ☐ I waive my right to access this letter. ☐ I do not waive my right to access this letter.

Name of Applicant __________________________________________________________
Banner ID__________________________________________________________________
Email______________________________________________________________________
Phone #______________________________________________

To the Recommender:
Please return this form in a signed, sealed envelope to the English Department.

1. Indicate how long and in what capacity you have known the applicant.

2. At what level would you place the applicant among the students you have known?

   Top 10%         Top 25%         Top 50%         Bottom Half

3. Your general endorsement of this candidate: Highly recommend Recommend
   Recommend with some reservation Do not recommend

A recommendation letter will be most helpful in distinguishing this applicant from others if your remarks go beyond general endorsement to comment specifically on academic performance and potential for rigorous advanced degree work. Please focus on originality, academic motivation and success, written and verbal comprehension and expression, and judgment.

Letter attached: Yes      No

Continued on back
If you choose not to include a letter, comment on the aforementioned points below:

4. May we contact you with questions? ______________

Signature __________________________________________ Date __________
Title/Position __________________________________________
Last Name __________________________ First Name __________________________
Office Address __________________________________________
Business Phone __________________________ Email __________________________

Please return this completed form to:
SUNY New Paltz
English Department
JFT 714 600 Hawk Drive
New Paltz, NY 12561
Phone: (845) 257-2720
Fax: (845) 257-3367

Applicants are required to submit the following materials: ☐ a letter of interest, ☐ three letters of recommendation, ☐ a copy of transcripts, ☐ a 7-10 page academic writing sample and ☐ a CV or résumé, ☐ grading sample with comments