

## RECOMMENDATION FORM

**TO THE APPLICANT:** In addition to this form, a letter of recommendation is required from each recommender.

Please give this form to each of the recommenders you select, along with an envelope marked with "Letter of Recommendation" and the program name. Ask the recommender to seal the letter he or she has written on your behalf in the envelope, sign across the seal, and return it to you or mail it to the address below. Do not open this envelope or break the seal. Submit the sealed envelopes containing your letters of recommendation with your application package. If your recommender will be submitting your letter of recommendation directly, he or she should send it to:

**Office of Admissions**

School of Professional Studies  
203 Lewisohn Hall  
2970 Broadway, Mail Code 4119  
New York, NY 10027-6902

**Information to be provided by the applicant:**

Program name: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code Country

\_\_\_\_\_  
Name of Recommender

**Check one:**  I waive my right to see the following recommendation.  I do not waive my right to see the following recommendation.

\_\_\_\_\_  
Signature Date

**TO THE RECOMMENDER:** The individual named above is applying for admission to the School of Professional Studies at Columbia University. Please complete this form and enclose it together with your letter of recommendation. To ensure confidentiality, please sign across the flap of the sealed envelope before returning it to the applicant.

I  strongly recommend  recommend  recommend with reservations  do not recommend that this applicant be admitted.

\_\_\_\_\_  
Signature of Recommender Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position/Title Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number E-Mail Address