

New York University
 Graduate School of Arts and Science
 P.O. Box 907
 New York, NY 10276-0907
 gsas.nyu.edu



LETTER OF RECOMMENDATION

Refer to department names and codes in the *GSAS Application Appendix*.

Department and Field of Study Codes:

Department Name _____

Field of Study _____

Degree Objective: (circle) Ph.D. M.A. M.S. M.F.A. M.P.S. Certificate Nondegree

Year/Semester Applying for: Year ____ Term (circle one) Fall Spring Summer

Enrollment Status: (circle one) Full Time Part Time

Please note: This form must be received by the application deadline.

ALL ITEMS IN THIS BOX MUST BE COMPLETED BY THE APPLICANT

Part I To be completed by applicant.

Name of Applicant: _____
LAST OR FAMILY NAME FIRST NAME MIDDLE NAME

NYU Identification Number: _____ Date of Birth: ____/____/____ Female _____
(IF KNOWN) MM DD YY Male _____

Primary E-mail: _____

In accordance with provisions of the Family Educational Rights and Privacy Act of 1974, students who are or have been in attendance in the Graduate School of Arts and Science (GSAS) at New York University have the right to see their letters of recommendation relating to their admission to GSAS unless they explicitly waive that right.

I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

 SIGNATURE OF APPLICANT

 DATE

Part II To be completed by the recommender and returned in a sealed envelope with the recommender's signature written across the flap.

The person named above is applying for admission to the Graduate School of Arts and Science at New York University and has furnished your name as a reference. We would appreciate your evaluation of the applicant on this form. Because we receive so many recommendations in so short a period of time, we find it impossible to acknowledge receipt.

- I have known the applicant ____ year(s) as her/his
 Undergraduate teacher Graduate teacher Program/research adviser Other (please specify) _____
- I believe the applicant will will not successfully complete the degree with distinction without distinction.
- Please compare the applicant's academic ability to that of other students from your institution with the same major:
 Truly exceptional Outstanding Well above average Average
 Below average Inadequate opportunity to observe
- Please comment on the applicant's qualifications for graduate study including her/his strengths and weaknesses and your evaluation of her/his performance in relation to other students you have known. If possible, please compare this applicant with other students from your institution who have applied to New York University, as well as to the top few graduate students in a similar academic program of study. We are particularly interested in the candidate's capacity for mastering difficult subject matter and developing original ideas, as well as commitment to the chosen academic field. (You may use the space provided on the reverse side of this form or staple a separate sheet of paper to this form. If additional pages are required, please indicate the student's full name, date of birth, and department on each page.)

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 NAME OF RECOMMENDER (PRINT) TELEPHONE E-MAIL

 SIGNATURE OF RECOMMENDER DATE

 POSITION INSTITUTION