R·I·T

Graduate Admission Recommendation Letter

Rochester Institute of Technology

Graduate Enrollment Services
Bausch & Lomb Center
58 Lomb Memorial Drive
Rochester, NY 14623-5604

To the Applicant: Fill in your name, social security number, address, and proposed graduate program. This form should be given to an individual under whom you have studied or worked, who is able to assess your qualifications for graduate study. For the convenience of the person completing this form, please fill in the section below by typing or printing. Have each recommender return this form to you sealed in your self-addressed envelope, with his or her signature written across the seal. Recommendations are optional for College of Business programs but are required for all others.

Name: Last/Family First/Given Middle

Applicant Social Security Number

Address: Number and Street City State Zip Code

Proposed Graduate Program

Under the provisions of the Family Educational Rights and Privacy Act:

☐ I have retained my right of access to this recommendation.

☐ I have waived my right of access to this recommendation.

To the Recommender: How long and in what capacity have you known this candidate?

Recommendation: In the space below, and continuing on the reverse side of this page if needed, please comment on the applicant's aptitude for graduate study. The applicant's creative promise, leadership ability, maturity, intellectual capacity and character are some factors you may wish to include in your comments. Since this recommendation is a required part of the application, your prompt completion and return of this form to the applicant in the supplied self-addressed envelope will be appreciated. If you submit a separate letter of recommendation, please be sure to include the applicant's full name and address. Thank you.

Name (please print) Title College/University or Company

Signature Date

R·I·T

Graduate Admission Recommendation Letter

Rochester Institute of Technology

Graduate Enrollment Services
Bausch & Lomb Center
58 Lomb Memorial Drive
Rochester, NY 14623-5604

To the Applicant: Fill in your name, social security number, address, and proposed graduate program. This form should be given to an individual under whom you have studied or worked, who is able to assess your qualifications for graduate study. For the convenience of the person completing this form, please fill in the section below by typing or printing. Have each recommender return this form to you sealed in your self-addressed envelope, with his or her signature written across the seal. Recommendations are optional for College of Business programs but are required for all others.

Name: Last/Family First/Given Middle

Applicant Social Security Number

Address: Number and Street City State Zip Code

Proposed Graduate Program

Under the provisions of the Family Educational Rights and Privacy Act:

☐ I have retained my right of access to this recommendation.

☐ I have waived my right of access to this recommendation.

To the Recommender: How long and in what capacity have you known this candidate?

Recommendation: In the space below, and continuing on the reverse side of this page if needed, please comment on the applicant's aptitude for graduate study. The applicant's creative promise, leadership ability, maturity, intellectual capacity and character are some factors you may wish to include in your comments. Since this recommendation is a required part of the application, your prompt completion and return of this form to the applicant in the supplied self-addressed envelope will be appreciated. If you submit a separate letter of recommendation, please be sure to include the applicant's full name and address. Thank you.

Name (please print) Title College/University or Company

Signature Date