



Rochester Institute of Technology
 Product Development Program
 111 Lomb Memorial Drive
 Rochester, NY 14623 - 5608

Recommendation Letter

To the Applicant: Fill in your name, social security number, and address. This form should be given to your chosen supervisor. For the convenience of the person completing this form, please fill in the section below by typing or printing. Have the recommender return this form to you in your self-addressed envelope, sealed, with his or her signature written across the seal.

 Name (Last) (First) (Middle) Applicant Social Security Number

 Address (number and street) City State/Province Zip Code/Postal Code

 Home Telephone (area code & number)

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? _____

To the Recommender: In the space below, continuing on reverse side of this page if needed, please comment on the applicant's aptitude for this graduate program in product development and suitability for leadership roles in product development. The applicant's career development, 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. Thank you.

 Name (please print) Title Date

 Phone Email

 Signature Company/Division