

Brown University Continuing Education Recommendation Form



Brown University Continuing Education
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Tel 401-863-7900 Fax 401-863-3916
Email: continuinged@brown.edu
www.brown.edu/ce

Please type or print your name and address in the space provided below and then submit this form to someone who can comment on your academic abilities.

Name of Applicant _____ Phone () _____
Street address or P.O. Box _____
City _____ State _____ Zip _____ Country _____
Email Address _____
Applicant's signature _____ Date _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them, including letters of recommendation. Students are, however, permitted to waive their right to access such letters of recommendations. I wish to waive my right to access this letter: Yes ___ No ___

Name of Recommender _____ Phone () _____
Street address or P.O. Box _____
City _____ State _____ Zip _____ Country _____
Email Address _____
Recommender's signature _____ Date _____

To the recommender: We seek your frank opinion on this applicant's past performance and current academic ability to be successful in a college environment. Please use the reverse of this page for your narrative comments. If you prefer, you may attach a letter of recommendation to this form.

How long and in what capacity have you known this applicant?

PLEASE RETURN THIS FORM TO: Brown University Continuing Education
Box T, Providence, RI 02912-9120
Fax: 401-863-3916
Attn: Forms Coordinator
Email: continuinged@brown.edu

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