

DOWLING COLLEGE

Letter of Reference Undergraduate Studies

APPLICANT:

Last Name First Name Middle Initial Social Security Number (optional)

Street Address/P.O. Box Town State Zip + 4

APPLICANT: If you wish to waive your right (under the Family Education Rights Privacy Act of 1974) to review this letter of reference, please sign below. Such action is optional.

Signature of Applicant

Date

EVALUATOR:

Thank you for providing your opinion concerning this person's desire and ability to pursue undergraduate studies at Dowling College. Please note that this letter will become part of the student's permanent file.

1. In what capacity have you known the applicant? (Current high school students must provide a Letter of Reference from a teacher or guidance counselor.)

teacher guidance counselor other _____

2. Please rate the applicant in the following traits and abilities:

	Top 5%	Top 10%	Top 20%	Top 50%	Other	Not Observed
Academic Performance						
Maturity						
Motivation						
Oral Communication						
Written Communication						
Analytical Skills						
Research Potential						
Ability to Work With Others						
Overall Evaluation						

3. The Undergraduate Admissions Committee requests that you please provide any comments that you feel would assist in evaluating the applicant. You may use the reverse side to do so. If at all possible, please type.

Signature

Date

Name

Title

School District/Institution

Address

Please return to: Dowling College, Office of Enrollment Services, 150 Idle Hour Boulevard, Oakdale, New York 11769-1999.

