



Letter of Recommendation

To be completed by Candidate: This letter of recommendation will be included in your Credential File in support of your application to Sage Graduate Schools in accordance with provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93/380 (as amended).

I, (type name) _____ do _____ do not _____ wish to see this letter of recommendation.

Graduate program to which you are applying: _____

Signature _____ Date _____

To be completed by the Recommender: Please type. If you use your own letterhead, please complete and attach this form. Send the original Letter of Recommendation in the enclosed envelope or send directly to Sage Graduate Schools, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208. Please sign across the seal and return the envelope to the applicant so that it may be included with the application.

Relationship to candidate (check one):

Professor: _____ Employer/Supervisor: _____ Advisor: _____

Recommender's Name _____ Title _____

Department/Organization _____

Address _____

Phone _____

Signature _____ Date _____