

WENTWORTH INSTITUTE OF TECHNOLOGY



ADMISSIONS OFFICE
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RECOMMENDATION FORM

TO THE APPLICANT

Wentworth Institute of Technology requires a recommendation from a teacher or guidance counselor. Additional recommendations from teachers, employers, or coaches are optional. After completing the questions below, please give this form to the person(s) you have asked to write on your behalf about your academic and/or professional abilities.

Name _____
LAST (FAMILY) FIRST MIDDLE SUFFIX

U.S. Social Security Number ____ - ____ - ____ Date of birth ____/____/____ Male or Female
MONTH/DAY/YEAR (CIRCLE ONE)

Address _____
NUMBER & STREET APARTMENT NUMBER
CITY/TOWN STATE/PROVINCE COUNTRY POSTAL CODE

Current School _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights & Privacy Act (FERPA), you have access to this form and recommendation(s) after you matriculate, unless you waive your right to access this information. By waiving this right, you understand that you cannot see the materials you submit or other supporting application materials, including this form and any recommendations that are submitted on your behalf.

- Yes, I waive my right to access, and I understand I will never see this form or any other recommendations or supporting application materials submitted by me or on my behalf.
- No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting application materials submitted by me or on my behalf.

Signature _____ Date ____/____/____

TO THE RECOMMENDER

Wentworth Institute of Technology appreciates your candid evaluation of the student indicated above. These recommendations assist us in selecting among the qualified candidates that apply each year. You may complete this form or send another reference you have written on behalf of this student. Send it promptly to our Admissions Office at the contact information above. Thank you.

Name _____ Subject/Title _____
PLEASE PRINT

Signature _____ Date ____/____/____
MONTH/DAY/YEAR

School/Company _____

Address _____
NUMBER & STREET CITY/TOWN STATE/PROVINCE COUNTRY POSTAL CODE

Phone (____) _____ Email _____
AREA CODE NUMBER EXT.

