Southern California Institute of Architecture SCI-Arc Admissions Office 960 East 3rd Street Los Angeles, CA 90013 admissions@sciarc.edu 213.356.5320

Letter of Recommendation Form

Part 1:							
TO THE APPLICANT: Please fill out out by a professor or supervisor under and abilities.							
Legal Name / Last		First				Middle Initial	
Address	City		State	Zip	Country	(if other than U.S	.)
Email address			Phone Numb	er			
Program (circle one): B.Arch M.A	rch 1 M.Arch 2	Exchange/Vis	siting Student	SCIFI Med	liaSCAPES	Making+Meani	ng
Applicant's Statement: I understand that a Southern California Institute of Architecturights I might have of access to this evaluinclude, but are not limited to, the right to to this letter.	re. It will be used for lation under the Fam review this letter, th	no other purpos nily Education Ri	se than admissions ghts and Privacy A	s consideration Act of 1974. I	n. I hereby e understand t	expressly waive any hat the rights I am	y and all waiving
I agree to waive access to this stater	ment from	(Name o	of Recommender)		<u>—</u>		
I do not wish to waive access to this	statement from	(Name	of Recommender)		<u>—</u>		
Signature of Applicant				Date:			
	mit this form (with	n the above p	ortion complete			der.	_
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B. Please review the questions posed below and include these answers in your letter. The letter should be printed on official school or organization letterhead and sent along with this completed form.

In what capacity, and for how long have you known this applicant?

What are the applicant's principal strengths as they might apply to the study of architecture?

What are the applicant's principal challenges?

Recommender Information:				
Name	Title			
Organization				
Address	City	State Zip	Country (if other than U.S.)	
Email address		Phone Number		
Signature		Date		

Questions? Please call 213.356.5320 or email admissions@sciarc.edu.

Please mail the completed form with your letter attached to:

Southern
California
Institute
of
Architecture

Admissions Office SCI-Arc 960 East 3rd Street Los Angeles, CA 90013

Admissions Office: 213.356.5320 Fax: 213.613.2260

www.sciarc.edu