



CAREER CENTER  
800 LANCASTER AVENUE  
GAREY HALL, SUITE 117  
VILLANOVA, PENNSYLVANIA 19085  
(610) 519-4060

## Letter of Recommendation

NAME \_\_\_\_\_ GRADUATION MONTH/YEAR \_\_\_\_\_

According to the Family Educational Rights and Privacy Act of 1974, as amended, it is my desire that this letter be designated:

CONFIDENTIAL: I wish to waive my right of access to this letter.

OPEN: I wish to retain my right of access to this letter

BANNER ID/SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**To the author:** This must be typed. Should you require additional space please attach a second, blank sheet of stationery- **DO NOT TYPE ON THE BACK OF THIS PAGE.** Indicate for how long and in what capacity you know the candidate. You may wish to comment on candidate's professional qualifications, character, experience, and potential. Omit any reference to the candidate's age, race, creed, religion, or national origin. Please submit the completed form to the Career Center Office of Villanova University.

**To the organization:** All electronic signatures can be verified with the Career Center.

NAME OF RECOMMENDER \_\_\_\_\_ EMAIL \_\_\_\_\_

TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSTITUTION \_\_\_\_\_ CITY, STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_