



# VERRAZANO SUPPLEMENTAL APPLICATION RECOMMENDATION FORM Current CSI and Transfer Students



Applicant: Please complete the top portion before giving to your recommender.

Please note: At least one letter must be from a professor who has taught you at the college level. The other letter should also be an academic reference or someone who can provide a strong evaluation for the criteria below. Recommendations may not be written by a parent, guardian, or relative.

Student Name: \_\_\_\_\_

EMPLID (CUNY students): \_\_\_\_\_ Last 4 of SSN# (applicants from outside CUNY): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I waive the right to view this recommendation (provide an envelope to the recommender)

I do not waive the right to view this recommendation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDER INSTRUCTIONS:** The student named above is applying to The Verrazano School, a selective undergraduate honors program at the College of Staten Island. Admissions decisions are based on academic performance, application, personal statement, and letters of recommendation. All items must be received on time for the applicant to be considered. The Verrazano School accepts applications from transfer students for each fall semester, and the deadline is May 15.

Please provide a typed evaluation, on official letterhead, of the academic performance of the student named above. Letters of recommendation can also be emailed to [verrazano@csi.cuny.edu](mailto:verrazano@csi.cuny.edu) from a college or business email address. Please give your overall assessment of this student's potential for participation in an academic program that stresses high achievement and rigorous scholarship as well as community involvement. Please evaluate the candidate, commenting on strengths and weaknesses and scholarship potential related to the following criteria:

1. Oral and Written Expression: clarity, self-confidence, frequency of classroom participation, skill in argumentation, style.
2. Reasoning/Problem-Solving Ability
3. Participation and Leadership: classroom, school, community.
4. General sense of Responsibility: completion of requirements, independent projects, independent pursuit of interests.
5. Additional comments: Overall reactions to student.

If the student has waived the right to see your comments, please enclose this form and the recommendation letter in an envelope and sign across the seal. If you need additional information, please do not hesitate to call us at (718) 982-4171 or email us at [verrazano@csi.cuny.edu](mailto:verrazano@csi.cuny.edu). Your help and candor are very much appreciated.

**To be completed by the recommender: (please type or print):**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_