

American Sign Language - English Interpretation Program

Confidential Recommendation

To be completed by the applicant:					
Name:					
Date of Birth:					
(Month/Day/	Year)				
Address: (Street)	(C')	(61-1-)	/ 7 :.)		
	(City)	(State)	(Zip)		
Phone: ()	(Home/Cell/VP) Circle one				
Email:					
-					
Applicant's Waiver of Access to Confidential Re	ecommendations:				
I hereby waive my right to review this reference.					
Applicant's Signature					
Applicants signature					
T					
To be completed by the reference:					
Name:					
Title/Position:					
A 1.1					
Address: (Street)	(City)	(State)	(Zip)		
Phone: ()	•	(State)	(Zip)		
,e.ie.	Circle one				
Email:					
How long have you known the applicant?					
Tiow long have you known the applicant:					
In what capacity do you know the applicant?					
Are you deaf?	Are you fluent in American Sign Language?				

(Over)

Confidential Recommendation

Please rank the applicant in the following categories:

	Below	Average	Average	Above Average	Excellent (top 10%)	Outstanding (top 5%)		
Academic promise								
Character & personal promise								
Overall recommendation								
Please comment on the nature and quality of the applicant's work and his/her readiness for college. In addition, please provide any observations about the applicant's interest in the deaf community and preparedness for the interpreting program.								
Applicant Name:								

Please mail or fax the completed form to:

Rochester Institute of Technology NTID Office of Admissions 52 Lomb Memorial Drive Rochester, NY 14623-5604

Fax: 585-475-2696