AIB The Art Institute of Boston

LESLEY UNIVERSITY

Recommendation Form

NOTE: A letter of recommendation is not required, but can help support your application for admission. Separate letters of reference may be submitted in lieu of this form.

This section to be completed by the student:

Name of applicant

Address

City State Zip Code

Privacy: 1974 Family Educational Rights and Privacy Act

This Letter of Recommendation form will become part of your admission file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at The Art Institute of Boston, you will be accorded access to its contents unless you voluntarily waive your right to access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby:

◯ Waive ◯ Do not waive my right to this document should I matriculate at The Art Institute of Boston.

Signature Date

Contact Information:

Name of recommender

School or Affiliation (if applicable) Address

City State Zip Code

This section to be completed by the recommender:

How long have you known the applicant and in what context?

What are the first words that come to mind to describe the applicant?

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Applicant's Name: _____

Comment on the candidate's commitment to learning and his/her intellectual curiosity.

Comment on the candidate's abilities to analyze, organize, and apply information.

Describe candidate's visual art communication skills. In particular, comment on her/his ability to describe their creative process and/or willingness to accept a constructive critique.

Please use the space below for any additional information or comments you would consider helpful to AIB's Admission Committee.

Return this form to:

Office of Admission
The Art Institute of Boston
700 Beacon Street
Boston, MA 02215

Recommender's Signature _____ Date _____