

Personal Recommendation

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 recommendation form will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Lesley College, 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 Lesley College.

Signature

Date

Recommender Contact Information:

Name of Recommender

Title/Affiliation

Address

City

State

Zip Code

This section to be completed by the recommender:

How long and under what circumstances have you known the applicant?

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

Personal Recommendation

Please describe the candidate's personal characteristics and interpersonal skills.

Please comment on the student's leadership qualities.

Please use the space below for any additional information or comments you consider helpful to the Admissions Committee in making its decision.

Return this form to:

**Office of Admissions
Lesley College
29 Everett Street
Cambridge, MA 02138**

Recommender's Signature

Date