

APPLICANT INFORMATION

_____/_____/_____
 LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH (MM/DD/YYYY)

 TERM DEGREE PROGRAM

Under the Family Education and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this letter I do not waive my right to examine this letter

RECOMMENDER INFORMATION

 FIRST NAME LAST NAME RELATIONSHIP TO APPLICANT

 ADDRESS LINE 1 TITLE/POSITION

 ADDRESS LINE 2 EMPLOYER/SCHOOL AFFILIATION

 CITY STATE ZIP EMAIL

 COUNTRY PHONE

TO THE COUNSELOR

_____/_____/_____
 CANDIDATE RANK CLASS SIZE This rank covers the period from: (MM/YYYY) to (MM/YYYY) Is the rank: Weighted Unweighted

How many students share this rank? _____

_____/_____/_____
 CANDIDATE GPA CLASS SIZE This GPA covers the period from: (MM/YYYY) to (MM/YYYY) Is the GPA: Weighted Unweighted

 HS CEEB CODE Of this candidate's graduating class, what percentage plan to attend a four-year college: _____

Please indicate title and level of all Senior Year courses the student is taking:

GENERAL RECOMMENDATION

I recommend this candidate for admission to The New School

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY	NOT APPLICABLE
for academic promise:	<input type="checkbox"/>					
for character and personal promise:	<input type="checkbox"/>					
for artistic or musical ability:	<input type="checkbox"/>					

Overall Recommendation: _____ for admission to The New School.