

PARSONS THE NEW SCHOOL FOR DESIGN

ACADEMIC OR PROFESSIONAL REFERENCE FORM

To the Applicant

This form should be given to a professor or professional reference who is able to comment on your qualifications for study at the graduate level at Parsons. Please ask your recommender to provide you with a sealed letter that you can forward to the Office of Admission with a Materials Cover Sheet. We strongly prefer self managed applications, but if this is not possible, your recommender may send the sealed letter directly to the Office of Admission at the appropriate address below.

Parsons Graduate Programs (PS 300)
Office of Admission
72 Fifth Avenue
New York, NY 10011

LAST NAME/FAMILY NAME	FIRST NAME/GIVEN NAME	MIDDLE NAME	DATE OF BIRTH
EMAIL ADDRESS	TELEPHONE	NAME OF PERSON COMPLETING FORM	
PROGRAM	DEGREE	TERM OF ENTRY	

Under the Family Education Rights 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 check one of the following selections:

I hereby ☐ waive ☐ do not waive my right to future access to this document.

SIGNATURE	DATE
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To the Recommender

In a brief letter please give your candid evaluation of the applicant's past performance and future potential. The following questions suggest the type of information that we find useful: How long and in what capacity have you known the applicant? What do you consider the applicant's talents or strengths? What do you consider the applicant's weaknesses? How well do you think the applicant has thought out plans for graduate study? Please comment on intellectual ability, creativity, initiative, sensitivity to others, and leadership potential, and include any other relevant characteristics you think the admission committee should know.

NAME	DATE
TITLE/POSITION	EMPLOYER/SCHOOL AFFILIATION
RELATIONSHIP TO APPLICANT	
PHONE	EMAIL
ADDRESS	