

Recommendation Form

TO BE COMPLETED BY APPLICANT

Applicant Information

Please fill in your name and address, and give this form with a stamped enveloped addressed to the Boston Semester at Simmons, to an individual who is able to assess your academic potential.

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Under the provisions of the Family Educational Rights and Privacy Act,

I waive my right of access to this recommendation.

I retain my right of access to this recommendation.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY RECOMMENDER

The Admission Committee finds candid evaluations very helpful in reviewing a candidate's potential for success in the Boston Semester at Simmons. Thank you for your help.

Name _____ Position _____

College _____

Address _____

Telephone _____ Fax _____ Email _____

How long have you known the applicant and in what capacity? _____

What are the first words that come to mind when describing this applicant? _____

Signature _____ Date _____