

APPLICANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	Application (Entry) Year

COLUMBIA UNIVERSITY SCHOOL OF THE ARTS
 305 DODGE HALL, MAIL CODE 1808
 2960 BROADWAY, NEW YORK, NY 10027

Letter of Recommendation Form (page 1)

Name of Applicant

Program and concentration to which applicant is applying

Signature

Name of recommender

TO THE APPLICANT:

Complete this part of the page before submitting the form to your reference. Be sure to read the "Application Requirements" section of the website for important information on how to submit the recommendation.

Under the provisions of the Family Education and Privacy Act of 1974, the applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access. You **MUST** answer the following question and sign your name before giving this form to your reference.

Do you waive future access to this recommendation that you are requesting from your recommender? You must specify one.

I do I do not

TO THE RECOMMENDER:

Please complete this recommendation, seal the envelope, sign across the flap, and return the envelope directly to the student, who will enclose it with his/her application. By following this procedure, you ensure review of the applicant's materials. To ensure the confidentiality of this recommendation, the Admissions Office will not accept unsealed envelopes from students and will verify the signature on the envelope.

How long have you known the applicant? _____

What has been your relationship to the applicant? _____

Please describe the applicant's performance, in relation to others you have known at a comparable stage by checking the appropriate space opposite each characteristic.

	POOR	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS FOR JUDGMENT
Academic knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical knowledge and skills in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to develop and implement new ideas and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship skills and ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express self in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept and give criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance / personal motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Letter of Recommendation Form (page 2)

We would appreciate any other information that might aid us in evaluating the applicant's qualifications. If you prefer to type your comments on a separate sheet, please staple it to this page and include the applicant's full name.

IN SUMMARY, PLEASE CHOOSE ONE OF THE FOLLOWING:

- I highly recommend the applicant
- I recommend the applicant
- I recommend the applicant with reservations
- I do not recommend the applicant

Please type or print:

Name Title

Institution

Address and Phone Number

Signature Date