New York University
Graduate School of Arts and Science
P.O. Box 907
New York, NY 10276-0907
gsas.nyu.edu

Please note: This form must be received by the application deadline.

Letter of Recommendation

ALL ITEMS IN THIS BOX MUST BE COMPLETED BY THE APPLICANT

See http://gsas.nyu.edu/object/grad.pdf.deadlines for codes.

Department and Field of Study Codes: ☐ ☐ ☐ ☐ ☐ ☐ ☐

Department Name _____

Field of Study _____

Degree Objective: (*circle*) Ph.D. M.A. M.S. M.F.A. M.P.S. Certificate Nondegree

Year/Semester Applying for: Year _____ Term (*circle one*) Fall Spring Summer

Enrollment Status: (*circle one*) Full Time Part Time

Part I To be completed by the applicant.

Name of Applicant: _____
LAST OR FAMILY NAME FIRST NAME MIDDLE NAME

NYU Identification Number: _____ (IF KNOWN) Date of Birth: ____/____/_____ (MM DD YY) Female ____ Male ____

Primary E-mail: _____ Embark ID (if online application submitted): _____

In accordance with provisions of the Family Educational Rights and Privacy Act of 1974, students who are or have been in attendance in the Graduate School of Arts and Science (GSAS) at New York University have the right to see their letters of recommendation relating to their admission to GSAS unless they explicitly waive that right.

☐ I waive my right of access to this recommendation. ☐ I do not waive my right of access to this recommendation.

_____
SIGNATURE OF APPLICANT DATE

Part II To be completed by the recommender.

The person named above is applying for admission to the Graduate School of Arts and Science at New York University and has furnished your name as a reference. We would appreciate your evaluation of the applicant on this form. Because we receive so many recommendations in so short a period of time, we find it impossible to acknowledge receipt.

1. I have known the applicant _____ year(s) as her/his
   ☐ Undergraduate teacher ☐ Graduate teacher ☐ Program/research adviser ☐ Other (please specify) _____

2. I believe the applicant ☐ will ☐ will not successfully complete the degree ☐ with distinction ☐ without distinction.

3. Please compare the applicant's academic ability to that of other students from your institution with the same major. If you are a recommender who is not from an educational institution, please compare the applicant's performance to that of others in a similar position.
   ☐ Top 2% ☐ Top 10% ☐ Top 25% ☐ Top 50%
   ☐ Bottom 50% ☐ Inadequate opportunity to observe

4. Please comment on the applicant's qualifications for graduate study including her/his strengths and weaknesses and your evaluation of her/his performance in relation to other students you have known. If possible, please compare this applicant with other students from your institution who have applied to New York University, as well as to the top few graduate students in a similar academic program of study. We are particularly interested in the candidate's capacity for mastering difficult subject matter and developing original ideas, as well as commitment to the chosen academic field. (You may use the space provided on the reverse side of this form or staple a separate sheet of paper to this form. If additional pages are required, please indicate the student's full name, date of birth, and department on each page.)

( )
_____
NAME OF RECOMMENDER (PRINT) TELEPHONE E-MAIL

_____
SIGNATURE OF RECOMMENDER DATE

_____
POSITION INSTITUTION

9/08