



# CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax 646 313-8302 | [www.slu.cuny.edu](http://www.slu.cuny.edu)

## RECOMMENDATION FORM COMMUNITY SEMESTER

Name of Program Applicant:

### TO BE COMPLETED BY THE APPLICANT

Fill out this section and give the form to your Recommender. The person should be familiar with your academic and/or professional background and be able to evaluate your ability to undertake study in the program to which you are applying.

Do you wish to waive your right to examine this letter of recommendation? **YES** **NO**

I hereby waive my right of access under the Family Educational Rights and Privacy Act of 1974. I understand that this waiver will not affect the decision of my application.

Signature of Applicant

Date

### TO BE COMPLETED BY THE RECOMMENDER

The person whose name appears above has applied for admission to the CUNY School of Labor and Urban Studies. The Admissions Committee would be extremely grateful if you would provide a letter of recommendation. Your assessment of the Applicant is crucial to our evaluation of their candidacy for admission.

Please note that the student has been given the option of waiving their right to review this recommendation. Keep in mind that the Applicant cannot be considered for admission until your recommendation is on file.

Name of Recommender \_\_\_\_\_

Position or Title \_\_\_\_\_ School or Firm \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

1. How long have you known the applicant?

2. What is your relationship to the Applicant?



# CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax 646 313-8302 | [www.slu.cuny.edu](http://www.slu.cuny.edu)

**3. Compared to other individuals you have known in similar circumstances, please rate the Applicant accordingly:**

	Exceptional (Top 10%)	Outstanding (Top 20%)	Above Average (Middle Third)	Poor (Bottom Third)	Unable to Assess
Analytical Skills					
Writing Skills					
Oral/Communication Skills					
Ability to Work Independently					
Ability to Work Collaboratively					
Initiative					
Innovation					
Leadership					
Organizational Skills					
Maturity					
Intellectual Curiosity					
Overall Potential					

**4. Please provide a detailed evaluation of the candidate that describes their suitability for the program to which they are applying. This evaluation will be most helpful if your comments are as specific and candid as possible.**



# CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax 646 313-8302 | [www.slu.cuny.edu](http://www.slu.cuny.edu)

## 5. What is your overall opinion of the Applicant?

The Applicant has my unconditional recommendation.

I recommend the Applicant with the following reservations:

I do not recommend the Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: [communitysemester@slu.cuny.edu](mailto:communitysemester@slu.cuny.edu). For additional questions or concerns, please contact us at (646) 313-8334.