



Letter of Recommendation

Please return to:

Office of Admissions
Long Island University at Riverhead
121 Speonk-Riverhead Road - LIU Bldg.
Riverhead, New York 11901-3499

Part A: *To be completed by Applicant*

I HEREBY WAIVE DO NOT WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____
Last Name First Name Middle Name

Semester applying for: Fall Spring Summer Year _____

Major: _____ Area of Concentration: _____

Part B: *To be completed by Recommender*

Name: _____
Please Print

Signature: _____ Date: _____

Position: _____

Address: _____

The Admissions Committee seeks your opinion regarding how the applicant has mastered certain skills and abilities and has the level of commitment needed for postsecondary studies. Please use the bottom portion of this page as well as the reverse side to write your narrative, or you may attach your printed reference. Feel free to attach additional pages if necessary. Please evaluate the candidate's abilities with regard to his/her:

- Communication skills – written and verbal with particular emphasis on writing abilities
- Research skills, analytic and critical thinking skills.
- Relevant experience related to the field of teacher education

Narrative (use reverse side):