

Instructions for Submitting a Letter of Recommendation

How to submit:

Recommenders are encouraged to use our online submission system for submitting letters of recommendation. Online submissions streamline and expedite the submission process for both the applicant and recommender. To submit a letter of recommendation online, the applicant would add the recommender's information while completing the application or in the application summary page after they have submitted their application. If an email address was included for the recommender, a link will be emailed to the recommender so that they can complete their submission online. In the rare case that your recommender cannot submit their recommendation online, provide your recommender with this entire document that includes details on what they should complete and where their offline submissions should be sent.

Who should submit:

Letters of recommendation should be completed and submitted by the recommender directly without the applicant having prior access to the recommendation.

Postal address for submitting recommendation letters through the mail:

Touro University
3 Times Sq, Suite 201
New York, NY 10036
Attn: Office of Graduate Admissions

Questions:

If you have questions regarding the recommendation process, contact the office of admissions for the program you are applying to directly:

Email: apply.admissions@touro.edu

Applicant Information

First Name: _____ First Name: _____ Application ID: _____

Program to which you are applying: _____

Admissions Recommendation FERPA Waiver

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right exclusively related to this specific recommendation, please sign here. Your waiver will in no way affect the decision on your application.

Signature: _____ Date: _____

Evaluators, please note that if this is not waived, the applicant will be able to view the contents of the recommendation.

Evaluator Information

Last Name: _____ First Name _____ Suffix: _____

Title: _____ Organization: _____

Phone: (____) _____ - _____ Email: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

Evaluation

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

	Upper 10%	Upper 25%	Upper 50%	Lower 50%	Unable to judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment questions

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

2. In comparison to his/hers peers, has the applicant used his/her abilities to their maximum potential?

3. If you would like to submit a more detailed recommendation, please include a letter on your official letterhead along with this form

Overall Opinion

Please check one of the following:

- ☐ I recommend the applicant with confidence
- ☐ I recommend the applicant with reservations
- ☐ I do not recommend the applicant

My reservations are:

Signature _____ Date _____