New York University
Graduate School of Arts & Science

P. O. Box 907
New York, NY 10276-0907
http://www.nyu.edu/gsas/

Please note: This form must be received by January 4 if the applicant is requesting financial aid.

LETTER OF RECOMMENDATION
RECOMMENDER 1

SECTION MUST BE COMPLETED BY APPLICANT

Refer to department names and codes from pages A17–A27.

Department and Field of Study Codes: `I N F O` `I N F`

Department Name — COMPUTER SCIENCE

Field of Study — INFORMATION SYSTEMS (MIS)

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

Applying for: Year **99** Term (circle one) Fall (Spring) Summer

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

Part I To be completed by applicant.

Name of Applicant: BOMIRIYA   THANUJA   RUCHIRA
LAST OR FAMILY NAME   FIRST NAME   MIDDLE NAME

U.S. Social Security Number: 156-88-8324
(OR ASSIGNED STUDENT NUMBER)

Date of Birth: 01 / 01 / 1970
MONTH DAY YEAR

Female ___ Male ✗

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 10/19/1998

Part II To be completed by the recommender and returned to the student, using the envelope provided.

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 __5__ 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:

   ☐ truly exceptional ☑ outstanding ☐ well above average ☐ average

   ☐ below average ☐ 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 and social security number on each page.)

STEPHEN L BLOOM   201-216-5439   bloom@cs.stevens-tech.edu
NAME OF RECOMMENDER (PRINT)   TELEPHONE   E-MAIL

SIGNATURE OF RECOMMENDER   DATE 10/20/98

POSITION PROF & DIRECTOR   INSTITUTION STEVENS INSTITUTE

DEPT OF COMPUTER SCIENCE

9/98

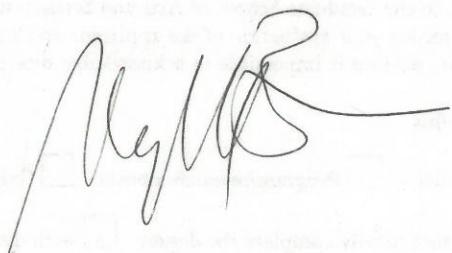APPLICATION FOR ADMISSION · G

re: Thanuja Bomiriya

I have known Mr. Bomiriya for several years.
He was a student in at least two of my
courses in Computer Science,   Data Structures & Algorithms I
and Automata Theory.   He showed unusual
insight and ability in these subjects, and
was an excellent student.   I expect him
to be an outstanding graduate student.