

Part I: To the Applicant

Two Confidential Letters of Recommendation are required. Please complete Part I on both forms before you give them to the persons you have listed to provide a recommendation.

NAME OF APPLICANT (PLEASE PRINT OR TYPE)

I HEREBY WAIVE DO NOT WAIVE FUTURE ACCESS TO THIS INFORMATION.

NAME OF RECOMMENDER (PLEASE PRINT OR TYPE)

SIGNATURE OF APPLICANT

Part II: To the Recommender

The applicant whose name appears above has requested your recommendation for admission to the M.A. program in the Gallatin School of Individualized Study at New York University. Please complete this form and return it directly to the Office of Graduate Admissions, Gallatin School of Individualized Study, New York University, 715 Broadway, New York, NY 10003-6806. Please print or type on the reverse side of this form. If you prefer, you may attach a separate page to this form on letter-head stationery.

The Gallatin School offers students the opportunity to develop an individualized concentration that integrates traditional course work, independent study, and internships, and culminates in a master's thesis. The program demands considerable responsibility and discipline. In your recommendation, please evaluate the applicant's potential for success in Gallatin's program. If you have had this applicant in class, please comment on his or her ability to write clear and effective prose. Thank you for your thoughtful and prompt reply.

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POSITION

NUMBER AND STREET

CITY

STATE

ZIP CODE/POSTAL CODE

TELEPHONE NUMBER

SIGNATURE OF RECOMMENDER

DATE

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