

Office of Admissions LIU Brooklyn 1 University Plaza Brooklyn, NY 11201 Phone: 718-488-1011 Fax: 718-780-6110

bkln-admissions@liu.edu

LETTER OF RECOMMENDATION • GRADUATE ADMISSION *Please type or print in black ink.*

To the Applicant:

Please give this form to an individual under whom you have studied or worked who is able to comment on your qualifications for graduate study in your chosen program. The recommender should return the form to you in a sealed envelope with his/her name written across the sealed flap to be included in your admissions package. If the recommender prefers to mail the form directly to the Office of Admissions, please provide a Credential Cover Sheet and mail to the address as follows: Graduate Admissions Office, LIU Brooklyn, Admissions Processing Center, 15 Dan Road, Ste. 102, Canton, MA 02021. Finally, only one form has been provided in this booklet. Please photocopy this blank form to provide a copy to all your recommenders as required by your specific program.

Name		
First	Middle	Last
Social Security Number	-	
Semester applying for: ☐ Fall ☐ S	Spring 🗆 Summer	Year
Proposed program of study:		
Under provisions of the Federal Educated I have retained my right to have I have waived my right to have	access to this recommenda	
Applicant's Signature		Date
To the Recommender:		
Name		
Signature		Date
Title/Position	Pr	referred phone #
Address		
· · · · · · · · · · · · · · · · · · ·	ner. The Graduate Admission his/her chosen program of	ns Committee seeks your judgment regard- study and to master advanced study in this
·	_	Graduate Admissions Office , seal it and nt to include in his/her admissions package
Narrative:		

Name		
NameFirst	Middle	Last
Narrative (continued)		