

Recommendation Form Yale Summer Session 2009
For Pre-College and Drama Applicants Only

P.O. Box 208355
New Haven, CT 06520-8355
Phone: 203.432.2430
Fax: 203.432.2434

Please type or print clearly.

Part I **To be completed by the applicant**

Name Social Security number

Street

City State Zip

Country E-mail

Name of recommender

After you have read and signed the Confidentiality Statement below, give this form to a teacher, guidance counselor, or academic adviser who knows your work well, particularly in the area for which you are applying.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) you have the right to review your educational records if you enroll in Yale Summer Session. You may waive this right of access to this specific recommendation. You must sign your name below after checking the appropriate response.

I waive I do not waive my right of access to this recommendation.

Signature of applicant

Date (mm/dd/yy) | |

Part II **To be completed by the recommender**

The student whose name appears above is applying for admission to Yale Summer Session and will be taking Yale College undergraduate courses for academic credit. Your candid estimate of the applicant's academic performance and personal qualities will greatly help us evaluate this application. We are interested in whatever you feel is important for us to know about the applicant.

1. How long have you known the applicant?

2. In what capacity?

3. Please comment on the nature and quality of the applicant's **academic** work. We are especially interested in your evaluation of the applicant's potential to succeed in those courses for which he or she is applying.

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4. What are your impressions of the applicant as a person? How is the applicant viewed by peers and/or teachers? Do you consider the applicant a responsible and mature member of the community? Please describe any special strengths or problems about which we should be aware.

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5. We would welcome any additional comments you think would be helpful to us.

Recommender's name (please print)

Title

Recommender's signature

Date (mm/dd/yy) | |

Name of high school or college

Telephone number

E-mail address

Please return the completed form by fax to:

Yale Summer Session
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