WESTCLIFF UNIVERSITY
Educate. Inspire. Empower.

RECOMMENDATION

This portion to be completed by the applicant.

This form must accompany the letter of recommendation. After filling out the top portion, please give this form to a professor, professional associate, and employer. If you are unable to obtain a faculty recommendation, obtain the recommendation from a teacher or other scholarly person who is acquainted with you and can evaluate first-hand your academic and intellectual performance.

Applicant's First Name | Last Name | Middle Initial

Street address or post office box number | Phone Number

City | State | Zip Code

This recommendation is from a (check one):

- ❑ Teacher/Professor
- ❑ Employer
- ❑ Professional acquaintance
- ❑ Other _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

1. I waive my right to examine this form. _____ (Applicant's signature) _____ (date)

2. I do not waive my right to examine this form. _____ (Applicant's signature) _____ (date)

This portion to be completed by the recommender.

The individual named above is applying for admission to Westcliff University. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as indicated above which give the applicant the right to review the contents of this recommendation unless the right to do so has been waived by signing the waiver above.

Recommender's First Name | Last Name | Middle Initial

Street address or post office box number | Phone Number

Department | Institution/Organization

City | State | Zip Code