

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, the above named applicant has the right, upon enrollment at Stevenson University, to review these recommendations, unless, as indicated by signing below, the applicant waives this right.

I hereby waive (\_\_\_) do not waive (\_\_\_) my right to review this recommendation form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

One recommendation must be from a current or past supervisor.

The Admissions Committee appreciates your responses to the following questions.

1. How long and in what capacity have you known the applicant?

