Syracuse University Project Advance®
Summer Institute
Letter of Recommendation

Applicant Name:
High School:
Subject:

Recommendations and all transcripts must be received by S.U. Project Advance® by June 1.

Under the provisions of the Family Education Rights and Privacy Act (FERPA) of 1974:

- I have retained my right of access to this recommendation.
- I have waived my right of access to this recommendation.

Applicant's Signature: ____________________________
Print Name: ____________________________
Date: ____________________________

Recommender’s Name: ____________________________
Title: ____________________________
Phone Number: ____________________________

Overall impression of applicant:
- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

How long and in what capacity have you known this applicant: ____________________________

Additional Comments: ____________________________

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This recommendation will be used by Syracuse University Project Advance® in its procedures relative to approval for training at the Summer Institute. The recommendation will remain in the instructor’s file.

Recommender’s Signature: ____________________________
Date: ____________________________

Please fax completed recommendation to the attention of Jill Scarson: 315-443-1626 or 315-443-2585 or email to jmscarso@syr.edu