



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