



Syracuse University Project Advance®  
Summer Institute  
Letter of Recommendation

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

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

High School: \_\_\_\_\_

Subject: \_\_\_\_\_

*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 Christina Zeigler-Hatch:  
315-443-1626 or 315-443-2585 or email to cezeigle@syr.edu