

This form will not be transmitted electronically. Print one copy for each recommender.

Letter of
Recommendation

2019

This form, or a copy thereof, must accompany all letters of recommendation and must have an original signature of the recommender. **Please note: We cannot accept letters of recommendation via fax or email.**

Name of Applicant _____
(Please type or print clearly)

Name of Person requested to provide recommendation _____
(Please type or print clearly)

TO THE APPLICANT: This form is to be given to someone who is able to comment on your intellectual capability, writing ability, research skills, logical reasoning, personal achievements, character, and motivation.

I understand that federal legislation provides me with a right of access to this recommendation, which may be waived, and that no school or person can require me to waive this right. Check one of the following:

- I agree to waive my right to see this recommendation.
- I do not agree to waive my right to see this recommendation.

Date _____ Signature _____

TO THOSE SUBMITTING RECOMMENDATIONS: We would like your appraisal of this applicant's qualifications for the MS in Law program, including an assessment of writing ability, research skills, and logical reasoning. Please feel free to use the reverse side or attach this form to a letter if you wish. Thank you for your assistance.

Date _____ Original Signature
of Recommender _____

Position _____

Please indicate your relationship to the applicant (check all that apply):

- Have taught applicant in classroom
- Has been in my employ
- How long? _____ years _____ months
- Acquainted only outside of class
- Other (please explain)

Name and Address of Recommender _____
(Please type or print clearly)

Mail this form and the letter of recommendation to the address listed. The recommender must sign over the sealed envelope flap. Send directly to:

Office of Admissions
Western New England University
School of Law
1215 Wilbraham Road
Springfield, MA 01119-2684