



TOURO COLLEGE

GRADUATE SCHOOL OF TECHNOLOGY **APPLICANT'S LETTER OF REFERENCE**
PREPARING TOMORROW'S TECHNOLOGY LEADERS

27 WEST 23RD STREET, ROOM 337, NEW YORK, NY 10010 | T: 212.463.0400 EXT. 462 | F: 212.989.1404 | INFO.GST@TOURO.EDU

TO THE APPLICANT:

Distribute copies of this form to at least two individuals familiar with your academic or professional record and your plans for graduate study. Provide a stamped envelope addressed to:

TOURO COLLEGE
Graduate School of Technology
27-33 West 23rd Street, Room 337
New York, NY 10010

PART I To be Completed by the Applicant

Student name _____
Last First Name Middle (complete) Jr., etc

Social Security Number (if any) _____ - _____ - _____

Mailing Address:

Number and Street Apartment # City State Zip/Postal Code

Program

- MS in Information Systems-Concentration in Database Systems
- MS in Information Systems-Concentration in Data Communications

As provided under the Buckley Amendment, you have the right to review your educational record if you attend Touro. Your decision to waive or not waive your right of access to this recommendation will have no effect on your application.

- I hereby waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

 _____ / ____ / ____
Signature Date

PART II - RECOMMENDATION To be Completed by the Evaluator

The person named above has applied for admission to graduate study at Touro College and has asked you to evaluate his/her ability to do graduate work. We appreciate any comments or insight that you can provide regarding the academic potential and personal character of this applicant. Recommendations provided on behalf of this applicant will become part of his/her educational record should this applicant enroll. If this applicant does not waive the right to access his/her educational record, the recommendation you provide will be accessible.

After completing this form, please send it to the Office of Admission in the stamped, addressed envelope provided for you by the student.

Respondent Name _____

Title _____ Organization _____

Email address _____ Office Telephone (_____) _____

