

# WILLIAM PATERSON UNIVERSITY

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## GRADUATE ADMISSIONS RECOMMENDATION

**TO THE APPLICANT:** Complete the top portion of the graduate admissions recommendation form. Give this recommendation form to your sponsor(s). *Make as many copies as needed.*

**RIGHT TO ACCESS:** Public Law 93.380, Educational Amendments Act of 1974, grants students and graduates the right to access letters of recommendation. The opportunity to waive this right is also provided.

Please Check: I do ☐ do not ☐ waive my right to review this recommendation.

Name of Applicant: \_\_\_\_\_  
Type or Print in Ink. Last First Middle Initial

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Semester Applied For: \_\_\_\_\_

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**TO THE SPONSOR:** Your recommendation is most helpful in distinguishing this applicant from others if your remarks go beyond general endorsement. Comment specifically upon performance and potential for rigorous, advanced degree work. Please focus your comments on the applicant's critical thinking, originality, motivation, written expression, verbal comprehension and judgment. Indicate how long and in what capacity you have known this applicant.

*You may use the back of this form for the evaluation, or attach a separate sheet.*

Please return the complete recommendation form to the address above.

At what level would you place the applicant among the students you have known?

Top 5% ☐ Top 10% ☐ Top 15% ☐ Top Quarter ☐ Second Quarter ☐ Bottom Half ☐

Name \_\_\_\_\_ Position \_\_\_\_\_  
Print in Ink or Type

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_