

The Lehman College Computer Science and Mathematics Scholarship Program

## Recommendation Form

**This section is to be completed by the student:**

Under the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA), you have the right to review your educational records. The act further provides that you may waive your right to see recommendation letters. Please indicate below, by circling the appropriate phrase and signing your name, whether or not you wish to waive this right.

I   waive           do not waive           any right of access that I may have to this Recommendation.

Student's Name:	
Student ID:	
Signature:	
Date:	

Recommender's Name:	
Title:	
Affiliation:	
Email or phone number:	

**This section is to be completed by the recommender in an attached document:**

How long have you known the applicant and in what capacity?

In making this evaluation, what group are you using as a basis for comparison?

Please describe (and rank if possible) the student, as well as you can, with respect to:

- motivation and initiative
- ability to complete and carry through with projects and goals
- communication skills
- computer and mathematics skills
- overall ability

Please send completed form to           Office of Academic Testing & Scholarships, Shuster Hall,  
Room 205, 250 Bedford Park Boulevard West, Bronx, NY 10468