

RECOMMENDATION FORM

Name of Appli		ssachusetts Lowell		Date	Date	
Name of Appli	Last		First	Middle		
Proposed Und	ergraduate l	Major				
under the provisi	ons of the <i>Far</i>	nilv Educational	Rights & Privac	ev Act of 1974	l waive my right	of access to
this letter of reco						
Signature of Appli	icant (optional)_					
	se comment or other OULD NOT	n the applicant's students you ha	character and	ability to carry o may write a se	on undergradua parate letter (af	te study. tach it to this
RESERVATIO	N					
Characteristic	Top 1 or 2 %	Upper 10 % but not top 1 or 2 %	Upper 25% but not upper 10%	Upper half, but not upper 25%	Lower half	No basis for judgment
Oral		0.2 %	престоль			
Expression						
Emotional Maturity						
Scholastic Ability						
Imagination & Probable Creativity						
Perseverance						
Potential for success in baccalaureate program						
Name			Signati	ure		
Institution			Position_			
Phone			_			
Email address			Web S	Site (if any)		
Street						

City State Zip_____