

**BERNARD REVEL GRADUATE SCHOOL
HARRY FISCHER SCHOOL FOR HIGHER JEWISH STUDIES
YESHIVA UNIVERSITY
500 West 185th Street
New York, NY 10033-3201
(212) 960-5253 • Fax (212) 960-5245**

REQUEST FOR LETTER OF RECOMMENDATION

To Applicant:

1. Fill out and give this form to the professor whose recommendation you are seeking together with a stamped envelope addressed to the Office of the Dean, Bernard Revel Graduate School, Yeshiva University, 500 West 185th Street, New York, NY 10033-3201.

Name _____
LAST FIRST MIDDLE/MAIDEN

Address _____

Major and degree sought _____

2. If you are applying for a Fellowship and Tuition Scholarship, please check here:
3. Complete the following statement:

I hereby waive future access to this recommendation.

do not waive

Signature _____ Date _____

To Person Submitting Recommendation:

The student named on the reverse side is applying for admission to the Bernard Revel Graduate School of Yeshiva University. We would appreciate your sending us your recommendation of this student, indicating how long you have known the applicant, in what capacity, what his/her performance has been in your course(s), how he/she compares to other students in his/her peer group, and whether or not you consider the applicant capable of undertaking and completing the program leading to an advanced degree in his or her chosen area. A frank and detailed recommendation will be of greater help to the admissions committee than a general one.

Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned. Use your own students and recent graduates as a reference group.

CHARACTERISTIC	HIGHEST		AVERAGE	LOWEST		NOT OBSERVED
	TOP 10 %	NEXT 20 %		NEXT 20 %	BOTTOM 10 %	
INTELLIGENCE						
INDUSTRY						
PERSONALITY						

Name _____

Institution _____

Title _____

Signature _____ Date _____