Polytechnic UNIVERSITY
Celebrating 150 Years of PolyThinking

MOT-TIM Executive Master's Programs Letter of Recommendation

APPLICANT'S WAIVER

In accordance with the Family Educational Rights and Privacy Act of 1974, an applicant has the right, if he/she becomes enrolled at Polytechnic University, to access or review his/her educational files. The applicant may waive this right of access to letters of recommendation, in which case letters of recommendation will be kept confidential from both the student and the public.

Name of Applicant: _____

☐ I waive my right of access to this recommendation form

☐ I do not waive my right of access to this recommendation form

Signature: _____ Date: _____

LETTER OF RECOMMENDATION

The person named above is requesting that you please provide a letter of recommendation to Polytechnic University in connection with his/her application for graduate study. He/she plans to enroll in an Executive Program leading to a Master of Science in:

☐ Management of Technology ☐ Telecommunications and Information Management

Polytechnic University asks that you give your personal assessment of the applicant's:

1. Professional accomplishments and skills.
2. Ability to succeed in advanced study and perform independent research and analysis.
3. Personal initiative, perseverance and ability to communicate.
4. Ability to read, speak and write English if his/her native language is not English.

Please write your comments in the space provided below, or separately on your letterhead. Once you have completed this form, return it and any other documents to the applicant in the recommendation envelope provided, which you should seal and sign. The applicant will return the sealed envelope to Polytechnic University.

Name (print): _____ Title: _____

Firm or Organization Name: _____ Phone: _____

Signature: _____ Date: _____