



Harvard University Extension School

Undergraduate Degree Programs Office

51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-9413 • Fax: (617) 998-8494 • www.extension.harvard.edu/undergrad/

Dossier Recommendation Form

Applicant's name _____

Degree and concentration _____

Expected or actual graduation date _____

Applicant: The Undergraduate Degree Programs Office cannot accept this form unless the box below is signed. After signing, submit this form to the author of your reference along with an addressed, stamped envelope. The address to use appears at the top of this form.

All rights of access to this confidential statement conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby irrevocably and voluntarily waived.

Applicant signature _____ Date _____

To be completed by Author of Reference

Please give your evaluation of the candidate. Since your statement will be machine copied as written, please paper clip a separate page(s) to this form. **Do not write on the reverse side of this form or staple pages.** Your statement, along with the waiver form, will be placed on file in our office, and copies will be mailed to prospective graduate/professional schools and employers as requested by the applicant. Return using the addressed envelope provided by the student.

Author/Reference signature _____ Date _____

Name (please print) _____

Title _____

Institution/Organization _____

Address _____