



Community College Faculty Program
Office of Community and Regional Affairs
4 Mercer Street
Princeton, NJ 08540
Tel: 609-258-5226
Fax: 609-258-9000
Email: conted2@princeton.edu

Letter of Recommendation for _____
Name of Applicant

Please fill in your name above and indicate your choice of waiver of access to this recommendation, and sign below:

I waive/I do not waive (circle your choice) the right of access to this letter of recommendation under the provisions of "The Family Education Rights and Privacy Act of 1974."

Date _____

Signature _____

To Whom It May Concern:

The person named above is applying to Princeton University as a Community College Faculty Program Student. Please describe the context in which you know the applicant and provide a candid evaluation of his or her intellectual and personal qualities. Please be as specific as possible in referring to the applicant's abilities and accomplishments. Use the reverse side if needed. If the student has signed the above statement waiving access to this letter, you may assume that confidentiality is assured. Please return this form to the Program in Continuing Education, Office of Community and Regional Affairs, 4 Mercer Street, Princeton University, Princeton, NJ 08540

Name _____
Title _____

Signature _____
Employer _____



Community College Faculty Program
Office of Community and Regional Affairs
4 Mercer Street
Princeton, NJ 08540
Tel: 609-258-5226
Fax: 609-258-9000
Email: conted2@princeton.edu

Letter of Recommendation for _____
Name of Applicant

Please fill in your name above and indicate your choice of waiver of access to this recommendation, and sign below:

I waive/I do not waive (circle your choice) the right of access to this letter of recommendation under the provisions of "The Family Education Rights and Privacy Act of 1974."

Date _____

Signature _____

To Whom It May Concern:

The person named above is applying to Princeton University as a Community College Faculty Program Student. Please describe the context in which you know the applicant and provide a candid evaluation of his or her intellectual and personal qualities. Please be as specific as possible in referring to the applicant's abilities and accomplishments. Use the reverse side if needed. If the student has signed the above statement waiving access to this letter, you may assume that confidentiality is assured. Please return this form to the Program in Continuing Education, Office of Community and Regional Affairs, 4 Mercer Street, Princeton University, Princeton, NJ 08540

Name _____
Title _____

Signature _____
Employer _____