

UNDERGRADUATE REFERENCE FORM



Please print in **UPPERCASE** letters with **black** ink.

We require one (1) letter of recommendation. You are encouraged to send us additional letters. If you are asking more than one person to write on your behalf, please make copies of this form. Freshman applicants: At least one letter should be from your high school counselor or from a teacher you have had during the past two years. Transfer applicants: You may submit recommendation from either your high school or from someone at your current college.

Pratt Institute
Office of Undergraduate
Admissions
200 Willoughby Avenue
Brooklyn, NY 11205
TEL: 718-636-3514
FAX: 718-636-3670
EMAIL: admissions@pratt.edu
WEB: www.pratt.edu

APPLICANT'S FIRST NAME

APPLICANT'S MIDDLE NAME

APPLICANT'S LAST NAME

APPLICANT'S MAILING ADDRESS

APARTMENT # / P.O. BOX

CITY

COUNTRY

STATE

ZIP CODE

Applicant: please let your recommender know the deadline you are trying to meet by checking the appropriate circle below

SPRING ADMISSION
Deadline: Oct. 1

FALL ADMISSION
 Freshman Early Action Deadline: Nov. 1
 Freshman Regular Decision Deadline: Jan. 5
 Transfer Decision Deadline: Feb. 1

I VOLUNTARILY WAIVE MY RIGHT OF ACCESS, UNDER THE FAMILY RIGHTS AND PRIVACY ACT, TO ALL RECOMMENDATIONS AND ANY OTHER MATERIALS THAT MAY BE SENT TO PRATT INSTITUTE IN CONNECTION WITH MY APPLICATION FOR ADMISSION.

I DO NOT WAIVE MY RIGHT.*

*NOTE: All recommendations are discarded after matriculation.

APPLICANT'S SIGNATURE

DATE

To the Recommender

We are interested in your evaluation of this candidate who is applying for admission to Pratt Institute. You may write a letter or use the back of this form to provide your evaluation of the candidate and his chances for success at Pratt. Please accept our thanks for your time and effort on this student's behalf. If you do attach a sheet, please use high school or college letterhead and list the full name of student with social security number.

RECOMMENDER'S NAME AND TITLE (Please print)

SCHOOL OR OTHER AFFILIATION

SCHOOL MAILING ADDRESS

How long and in what capacity have you known the candidate?

RECOMMENDER'S SIGNATURE

DATE