Recommendation

This form, or a copy thereof, must accompany all letters of recommendation which are not submitted through LSDAS, and must have an original signature of the recommender. Please note: We cannot accept letters of recommendation via fax. Name of Applicant ___ Social Security No. __ (Please type or print clearly) Name of Person requested to provide recommendation _ (Please type or print clearly) TO THE APPLICANT: This form is to be given to someone who is able to comment on your intellectual capability, writing ability, research skills, logical reasoning, personal achievements, character, and motivation. I understand that federal legislation provides me with a right of access to this recommendation, which may be waived, and that no school or person can require me to waive this right. Check one of the following: ☐ I agree to waive my right to see this recommendation. ☐ I do not agree to waive my right to see this recommendation. ______ Signature _____ TO THOSE SUBMITTING RECOMMENDATIONS: We would like your appraisal of this applicant's qualifications for the study of law, including an assessment of writing ability, research skills, and logical reasoning. Please feel free to use the reverse side or attach this form to a letter if you wish. Thank you for your assistance. Original Signature Please indicate your relationship to the applicant (check all that apply): ☐ Have taught applicant in classroom ☐ Acquainted only outside of class ☐ Has been in my employ ☐ Other (please explain) How long _____ years ____ months Name and Address of Recommender (Please type or print clearly)

Mail this form and the letter of recommendation to the address listed. The recommender must sign over the sealed envelope flap. The envelope may be included by the applicant with the rest of the completed application materials, or sent directly to:

Office of Admissions

Western New England College School of Law 1215 Wilbraham Road Springfield, MA 01119-2684