

United Nations Intensive Summer Study Program Recommendation Form

Applicant			
	Last Name	First Name	
Recommenda	ations from those ations from persor		ic and professional qualifications are preferred. bers are <i>not</i> acceptable. Please complete the he recommendation.
However, Publinspect letters enrolled, he o	recommendation in blic Law 93-380, Est of recommendation she will be able to the right to acc	Educational Amendments a ion. If the applicant does to access these letters.	rs are not accessible to applicants for admission. Act of 1974, grants enrolled students the right to not waive the right to access and is admitted and
Signature of Applicant			Date
please provide you have known and weakness	the information re e a letter of recon wn the applicant, ses as they relate tion should be ma UN Intensive S School of Diplo Seton Hall Uni 400 South Ora	nmendation for the above in what capacity you have to attending an intensive liled to: Summer Study Program omacy and International Reversity	the back of this sheet or on separate letterhead, applicant. Your letter should indicate how long known the applicant, and discuss their strengths summer study program. Upon completion, the elations
Name			
Position			
Address			
Phone			Email
Signature			Date