RECOMMENDATION FORM

University of Hartford

Applicant:

A letter of recommendation is required for admission. Please select one of the waiver options, print and sign your name, and ask one of your high school teachers or your counselor to complete the recommendation. This form should be returned to the Office of Admission at the address listed below.

Please check one:

☐ Yes, I waive ☐ No, I do not waive

my rights to view this completed recommendation form or any accompanying comments. *(If no indication is marked, the assumption is made that the right is waived.)*

Printed student name: _____ Date of birth: _____

Student signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Recommender: Please type or print the information below. Thank you!

Printed name of recommender: _____

High School/College: _____ Teaching area: _____

E-mail address: _____ Phone Number: _____

Signature: _____ Date: _____

Please share your thoughts on the potential of the applicant as a University of Hartford student with particular reference to his/her academic achievements, interests and extra curricular activities. Please use the space provided below or attach additional pages to this form. Thank you!

Please mail copies to:

University of Hartford
Office of Admission & Student Financial Assistance
200 Bloomfield Avenue
West Hartford, CT 06117

Phone 800.947.4303
Fax 860.768.4961
Email admission@hartford.edu
Web admission.hartford.edu