

**INFORMATION TO BE COMPLETED BY THE APPLICANT**

After you have filled in this top section, please give this form to your combined plan liaison. If you do not attend an affiliated school, please ask your academic dean or appropriate school official to complete this form.

Name LAST OR FAMILY NAME (PLEASE TYPE OR PRINT IN CAPITAL LETTERS)  U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE). DO NOT USE HYPHENS.

FIRST  MIDDLE  MONTH  DAY  YEAR   
Date of birth

Address NUMBER, STREET  TELEPHONE

CITY  STATE  ZIP/POSTAL CODE  -

College or University OFFICIAL NAME

Address

CITY  STATE  ZIP OR POSTAL CODE  -

The Family Educational Rights and Privacy Act of 1974, effective January 1, 1975, provides that an applicant admitted to and enrolling in Columbia is entitled to review records on file in the Office of the Dean of Student Affairs. If an applicant wishes his or her recommendations to Columbia submitted on a confidential basis, this right of access may be waived. While confidential recommendations are no longer required of applicants, if you wish this form to remain confidential please sign below.

"I will not seek access to this confidential recommendation submitted on my behalf and used for admission and initial academic counseling purposes only."

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

**To the Combined Plan Liaison:**

Your candid and considered remarks on this student will be of great help to the Committee on Admissions in its evaluation. We ask that you take care to address the applicant's academic, extracurricular and personal strengths. To the best of your ability, please specifically address the following:

1. The applicant's science ability and engineering potential
2. The applicant's maturity and motivation

Please attach your own letter to this form and submit both to Columbia by February 15.

Applicant will have completed the distribution requirements of \_\_\_\_\_ before entering Columbia.  Yes  No  
COLLEGE OR UNIVERSITY

Applicant will have completed the requirements for the \_\_\_\_\_ major at \_\_\_\_\_ before entering Columbia University.  Yes  No  
MAJOR COLLEGE OR UNIVERSITY

If no, please include how the applicant will complete these requirements in your letter.

Has the student ever been placed on probation, suspended, removed, dismissed, or expelled due to an academic or behavioral disciplinary action, or left school voluntarily for an extended period of time?  Yes  No

If yes, please explain on a separate sheet of paper.

I recommend this candidate for admission to Columbia University's Combined Plan Program.  Yes  No

Combined Plan liaison's name \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_