

INFORMATION TO BE COMPLETED BY THE APPLICANT

After you have filled in this top section, please give this form to a science instructor.

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 OR POSTAL CODE

College or University

OFFICIAL NAME

Address

NUMBER, STREET

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 Science Instructor:

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.

I recommend this candidate for admission to Columbia. Yes No

Science instructor's name _____
(PLEASE PRINT)

Signature _____ Date _____

E-mail _____ Phone _____