

# Dossier Service

## For Graduate Schools and Fellowship Programs only

This packet contains the following:

- ❖ Authorization Form
  - ❖ Access Decision Form
  - ❖ 3 Recommendation Forms
  - ❖ Request Form
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- ❖ To open a file, complete the Authorization and Access Decision forms and return to the Broadway location of the Center for Student Advising.
  - ❖ The Yellow Reference Form should be given to the person writing your recommendation.
  - ❖ When applying to graduate schools a Request Form along with **one stamped, addressed envelope per school** must be provided to the Center for Student Advising. *Each envelope should have at least TWO stamps.*
  - ❖ You are responsible for making sure all recommendations are received by the Center for Student Advising.
  - ❖ You must give us more than two days notice when requesting to have recommendations sent.
  - ❖ During crunch time, i.e. November, December, and January, you **MUST** give us at least two weeks notice when requesting to have recommendations sent.

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### Center for Student Advising, Broadway Location

- Center for Student Advising, Broadway  
Broadway Residence Hall, Mail Code 9401  
556 West 114<sup>th</sup> Street, Suite 103  
New York, NY 10027  
Phone: (212) 854-8711  
Fax: (212) 854-8723

# AUTHORIZATION FORM

Please Print Clearly

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Applying for entrance to graduate school in:    Month \_\_\_\_\_    Year \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Permanent Telephone Number: \_\_\_\_\_

**Individuals from whom the Center for Student Advising will receive references (one name to a line).**

TITLE AND NAME	AFFILIATION	DATE RECEIVED
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

I request that the Center for Student Advising mail copies of recommendations from the above individuals to the graduate schools for which I submit envelopes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **ACCESS DECISION FORM**

The Federal Family Educational Rights to Privacy Act of 1974 provides students a right of access to materials such as graduate and professional school recommendations. The law provides that a student may, if he/she chooses, waive that right. The Office of the University of General Counsel as well as organizations such as the New York Civil Liberties Union have available materials on students' rights, if you require further information.

You should determine whether your interests will best be served by confidential recommendations or recommendations which are accessible for your perusal. Confidential recommendations will be written and submitted by faculty and other referees with the explicit understanding that they will be read only by the College Dean's staff and professional or graduate schools to which applicants request they be sent. In no event will they be available for examination by any other person, including the applicant about whom they are written.

Please record your decision below.

- I wish access to recommendations.
  
- I expressly waive my statutory right to access and understand that I will not be able to see the recommendations under any circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Date

# REQUEST FORM

**Please Print Clearly**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

This is to certify that stamped, addressed envelopes are provided. Below are the names of schools to which recommendations are to be sent.

	Name/Address of graduate schools	Which letters of recommendation should be sent?	Program Deadline
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			

**Please submit all materials to:** Center for Student Advising, Broadway  
 Broadway Residence Hall, Mail Code 9401  
 556 West 114<sup>th</sup> Street, Suite 103  
 New York, NY 10027  
 Phone: (212) 854-8711  
 Fax: (212) 854-8723

**NOTE: Addressed and stamped envelopes must be provided for each school.**

**COLUMBIA COLLEGE  
THE FU FOUNDATION SCHOOL OF ENGINEERING AND APPLIED SCIENCE**

**Recommendation Waiver Form**

Applicant's Name: \_\_\_\_\_ CUID: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference Writer: \_\_\_\_\_

Title of course and semester/year taken (if applicable): \_\_\_\_\_

**TO THE APPLICANT:**

Use this form to request letters of reference that may eventually be used for **graduate programs**. Upon receipt, the form and letter will be placed in your permanent student file. **Please be aware that if you are requesting references in preparation for Law or Medical School applications, you should utilize the reference form provided by the Office of Pre-Professional Advising.** This will ensure that your references will be placed in their dossier files until you are ready to apply. At the bottom of this form, please mark where you would like the reference to be mailed. All references are kept in your permanent file indefinitely.

Current federal law provides that students may, if they choose, have access to material such as this recommendation. Some students choose to waive this right. You should read "Procedures for Graduate School Applicants", available in the Center for Student Advising, discuss this matter in detail with your adviser, and consult those writing recommendations on your behalf. For further information and opinion you may inquire at the Dean of Students Office or the Office of the University Counsel. Please fill in the spaces above, and check and sign either (a) or (b) below *before* giving this form to the person writing the recommendation.

- (a) I **DO NOT** waive my right of access to this recommendation.  \_\_\_\_\_
- (b) I **DO** waive my right of access to this recommendation and understand that I will not be able to see it under any circumstances.  \_\_\_\_\_

**TO THE PERSON WRITING THE RECOMMENDATION:**

Graduate Programs are typically looking for specific evaluations of the applicant's abilities in the area in which you supervised his/her work. When you comment on these abilities, please be specific. For example, citing the topic of a student's seminar paper and the subjects on which he/she was most vocal in class discussion helps to make a recommendation more convincing.

Please pay careful attention to the decision the applicant indicated above concerning access to this recommendation. If the student did not sign either (a) or (b), this form should be returned to him/her. If he/she signed (a), he/she is entitled to see your letter. Students are **NOT** permitted to deliver letters of reference.

Please submit your letter on Columbia or professional letterhead and attach this form before mailing. We also strongly suggest that you retain a copy for your own files since letters do get lost in transit and rewriting is a nuisance and causes delay. Return letters and completed forms to:

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**Center for Student Advising-Broadway**

FOR GRAD SCHOOL ONLY  
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