LOYOLA
UNIVERSITY MARYLAND

Computer Science Recommendation Form

To the Applicant: Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name: _____
LAST FIRST MIDDLE FORMER/OTHER (IF APPLICABLE)

Address:_____
NUMBER AND STREET

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Application Deadline _____

Program:

☐ M.S. Computer Science ☐ M.S. Software Engineering ☐ Master's Plus

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing this Form

The person named above is applying for admission to the Graduate Program in Computer Science at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. **Sign your name across the sealed flap** of the envelope and mail it directly to**: Loyola University Maryland, Graduate Admission Processing Center, P.O. Box 1447, Beltsville, MD 20704 or email to graddocs@loyola.edu.**

Name: _____
DR./MR./MRS./MS.

Title/Position: _____

Company/Position: _____

Address: _____
NUMBER AND STREET

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Telephone:_____E-mail:_____

Background Information

For how long and in what capacity have you known the applicant?

_____

_____

_____

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_____

Reference

Please add any comments that may assist in providing a complete picture of the applicant's abilities and potential as a graduate student.

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Signature _____Date _____