



Undergraduate RECOMMENDATION REQUEST FORM

Institute for Child Development
Binghamton University
4400 Vestal Parkway East
Binghamton, New York 13902-6000

Professor Gillis: ___ **Professor Romanczyk:** ___

Date by which recommendation is needed: _____

NOTE** Letters are written only for students who have taken a minimum of 2 of the following courses 355, 493, 494, 476R. (1 of the 2 minimum courses may be in progress if after 10 weeks into semester).

- 1) Return this form along with stamped addressed envelopes for each of the schools you are applying to if they require mail submission.
- 2) Fill out the 'Student Applicant' portion of any recommender forms supplied by the schools.
- 3) Separate envelopes (and accompanying forms, if applicable) into the type of program and mark the outside of each envelope accordingly.
- 4) Mail all of the above to ICD to our attention by mid-November.

Other important information:

- Upon completion, letters are mailed from the ICD directly to the graduate school.
- Letters will not be given back to students under any circumstance.
- If letters must be sent with the application packet, you may mail the packet to the ICD and it will be sent from ICD.
- If school requires electronic submission, you may use jmattson@binghamton.edu or rromanc@binghamton.edu.
- Dr. Gillis & Romanczyk do not write letters for the CDC or Interfolio or any generic service.
- Dr. Gillis & Romanczyk require 3 - 4 weeks to complete and submit letters of recommendation.
- Attach most recent copy of your Vita/Resume.

NAME: _____ Email: _____ MAJOR: _____

GRE's VERBAL ___ QUANT ___ ADV ___ GPA OVERALL: _____ IN MAJOR: _____

ACADEMIC HONORS, IF ANY: _____

PURPOSE OF RECOMMENDATION (Be specific i.e., MA, Ph.D.- type of program applying for, Employment in what field, etc.) : _____

Psych Courses taken with grades: -

Track Courses taken with grades: 355 493 494 476R 390 490

WHAT OTHER EXPERIENCES HAVE YOU HAD THAT YOU FEEL ARE IMPORTANT?

(use additional pages if needed)

Under the Family Educational Rights and Privacy Act of 1974, I hereby ___do ___do not waive my right to examine letters of recommendation in connection with my graduate school/employment applications. I understand that by waiving my right I do so under the condition that the reference letter is used solely for the purpose for which it is requested. If you choose not to waive this right, the reference will contain only a factual listing of information: course title, semester, location, and grade.

Date: _____ Signature: _____

Name (print): _____