



Yale College

# Y-VISP Faculty Recommendation

Yale Visiting International Student Program  
55 Whitney Avenue, 3rd Floor  
New Haven, Connecticut 06520  
USA  
Email: yvisp@yale.edu

## To the Applicant

After you have filled in the three lines below, give this form to the faculty member writing in support of your application.

applicant's legal name

last name (family)

first (given)

middle

jr, etc.

home address

number and street

city

state/country

zip/postal code

## Confidentiality

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you enroll at Yale. You may waive your right of access to this specific report if you so choose. Your decision to waive or not to waive your right of access will have no bearing on the handling of your application by the Admissions Committee. You must sign your name below after checking the appropriate response.

- I waive
- I do not waive my right of access to this report.

applicant's signature

date

## To the Recommender

Your candid estimate of the applicant's promise or personal qualities will provide essential assistance in assessing his or her qualifications for study at Yale. We would be grateful for any information that you can provide us concerning the candidate's seriousness of purpose, English language proficiency (if applicable), intellectual promise, and ability to perform successfully in college studies in the United States. Please let us know of any particular skills or talents, non-academic activities, or personal or academic problems which you judge to be notable. Please attach your letter of recommendation to this form, and return it to the Y-VISP Coordinator at your university.

name

signature

date

telephone number

email address

fax number

name of academic institution