



Letter of Recommendation Form

Applicant's Name _____

College _____

Department Chair _____

1st Choice of semester to serve _____

2nd Choice _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Please evaluate the applicant's ability to be successful as a Director of the Loft. Take into account the following: able to communicate effectively; work with a wide variety of guests; provide clear and useful information about NYC and various activities; have prior affiliation or be familiar with the objectives of the loft; ability to coordinate any maintenance and do upkeep at the loft; able to manage competing priorities, manage and lead.

Please evaluate to the of the proposed project/research they will be conducting while serving as the NY Loft Director. Does the project seem doable? Is the project \research flexible so that it can be completed while performing the Directorship duties? Will this project \research make use of NYC resources?

I am supportive of _____ application for Director of the Loft for the semester identified and will be able to provide the resources to cover the semester.

Chair Approval _____ Date _____

I am supportive of _____ application for Director of the Loft for the semester identified and will be able to prove the resources to cover the semester.

Dean Approval _____ Date _____

