RECOMMENDATION
Hobart and William Smith Colleges, Salisbury Center for Career Services, Geneva, New York 14456
315-781-3514

To be completed by candidate:

Candidate’s Name: _____________________________________________ Yr. Grad. _____________

Candidate’s Waiver: I have requested the person specified below to write a confidential recommendation and show by my signature that I waived my right of access to this recommendation.

Signature: _______________________________________________

To the recommender: This form should be typed and must have your signature. Please note that if the candidate has not signed the above waiver he/she will have the right to read this recommendation. Return this form directly to Career Services.

Name/Title of Recommender _________________________________________________________________________

Department _____________________________ Organization ______________________________________________

Address ___________________________________________________________________________________________

Signature _________________________________________________________ Date ___________________________