

Letter of

Recommendation

This form, or a copy thereof, must accompany all letters of recommendation which are **not** submitted through LSAC, and must have an original signature of the recommender. **Please note: We cannot accept letters of recommendation via fax or email unless submitted by the recommender.**

Name of Applicant		
(P	lease type or print clearly)	LSAC account no.
		LSAC account no.
Name of Person requested to provide reco	ommendation	
		(Please type or print clearly)
TO THE APPLICANT: This form is to be glogical reasoning, personal achievements,		to comment on your intellectual capability, writing ability, research skills,
I understand that federal legislation provid person can require me to waive this right.	•	this recommendation, which may be waived, and that no school or
\square I agree to waive my right to see this red	commendation.	
\square I do not agree to waive my right to see	this recommendation.	
Date	Signature	
	skills, and logical reasoning. P	appraisal of this applicant's qualifications for the study of law, including Please feel free to use the reverse side or attach this form to a letter if
Date	Original Signature of Recommender	
Position		
Please indicate your relationship to the ap	plicant (check all that apply):	
☐ Have taught applicant in classroom		☐ Acquainted only outside of class
☐ Has been in my employ		☐ Other (please explain)
How long? yearsmonth	S	
Name and Address of Recommender (Please type or print clearly)		
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	il this form and the letter of	Office of Admissions sted Western New England University

Mail this form and the letter of recommendation to the address listed. The recommender must sign over the sealed envelope flap. Send directly to:

Western New England University School of Law 1215 Wilbraham Road Springfield, MA 01119-2684