

**Letter of Recommendation Form**

**TO THE APPLICANT:**

Please complete and sign the first portion of this form.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City, State, Zip Code

waive my right to see this letter of recommendation.  
 do not waive

\_\_\_\_\_  
Signature Date

**TO THE RECOMMENDER:**

The student whose name appears above has applied to live at Bayridge Residence, a house for college women that fosters a culture of academic enthusiasm, sorority living and social outreach. We appreciate your objective and comprehensive response to the questions below. This information is for the sole use of the Admissions Committee and will be kept confidential.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

1. How long and under what circumstances have you known the applicant and her family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's character and maturity.

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3. Please comment on the applicant's interpersonal skills.

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4. Bayridge only offers housing; there are no trained psychologists or social workers on our staff. Therefore, we are not able to offer serious medical, emotional or adaptation counseling. Would this limitation affect the applicant?

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5. Please make any additional comments about the applicant that would be helpful to the Admissions Committee.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time and effort on behalf of the applicant.

The complete recommendation form should be sent to:

Bayridge Housing Office  
395 Commonwealth Avenue  
Boston, MA 02215