



ZAYTUNA COLLEGE

LETTER OF RECOMMENDATION

Instructions for the Applicant

Please print two copies of this form and fully complete Page 1 of each copy. Provide one copy of this Letter of Recommendation form, with Page 1 completed, to each person who will write a letter of recommendation for you. At least one letter **must** be from one of your teachers at the school you last attended; neither letter can be from a family member.

LAST	FIRST	MIDDLE
Applicant Name		
NUMBER & STREET	APT #	
Applicant Address		
CITY/TOWN	STATE	ZIP
PHONE	EMAIL	

Waiver Option

Under the terms of the Family Educational Rights and Privacy Act (FERPA), any applicant who enrolls in Zaytuna College may subsequently have access to this recommendation unless he or she waives their right of access.

Please choose one of the following:

- I hereby **waive** my right of access to this letter.
- I **do not waive** my right of access to this letter.

APPLICANT SIGNATURE

DATE

Instructions for the Person Recommending

Letter of Recommendation: On a separate sheet of paper, please tell us what you think is important for us to know concerning the applicant's scholarship, character, and personality.

Please fully complete Page 2 of this form and mail the completed form and your letter of recommendation to:

Admissions Committee
Zaytuna College
2070 Allston Way
Suite 300
Berkeley, CA 94704

NOTE: All recommendations must be postmarked by **March 1, 2010**.

LAST			FIRST			MIDDLE		
Your Name								
Position/Title								
NUMBER & STREET								
Address								
CITY/TOWN			STATE			ZIP		
PHONE			EMAIL					

How long have you known the applicant?

In what capacity have you known the applicant? [If you are a teacher, please list subject(s) taught.]

Certification

I certify that all statements made in this recommendation are complete and accurate to the best of my knowledge, and I understand and agree that misstatement or omission of any relevant information may subject the applicant to disqualification or dismissal.

Signature

Date