



# ZAYTUNA COLLEGE

## LETTER OF RECOMMENDATION

### Instructions for the Applicant

Please print three 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. One letter **must** be from one of your teachers at the school you last attended and one letter **must** be from a religious or community leader who knows you; no letter can be from a family member.

|                          |       |        |
|--------------------------|-------|--------|
| LAST                     | FIRST | MIDDLE |
| <b>Applicant Name</b>    |       |        |
| NUMBER & STREET          | APT # |        |
| <b>Applicant Address</b> |       |        |
| 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  
2515 Hillegass Ave  
Berkeley, CA 94704

**NOTE:** All recommendations must be postmarked by **February 1, 2011**.

|                       |       |        |
|-----------------------|-------|--------|
| LAST                  | FIRST | MIDDLE |
| <b>Your Name</b>      |       |        |
| <b>Position/Title</b> |       |        |
| NUMBER & STREET       |       |        |
| <b>Address</b>        |       |        |
| CITY/TOWN             | STATE | ZIP    |
| PHONE                 | EMAIL |        |
|                       |       |        |

|   |
|---|
| <b>How long have you known the applicant?</b> |
|---|

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

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### 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

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