

## ALUMNI ADMISSIONS PROGRAM NOMINATION

All candidates for the Alumni Admissions program are required to submit this nomination form and one letter of recommendation from an alumnus of SUNY Cortland.

SUNY Cortland does not participate in a legacy program; therefore, individuals providing recommendations must not be related to applicants. However, they should have a direct relationship to the applicant (employer, teacher, coach, etc.)

**To the Applicant:** Please complete the name and address section below and give this form to the Alumnus reference along with a stamped envelope addressed to SUNY Cortland at the address above. Completed forms and letters of recommendation may also be emailed to the program coordinator: Jessica Zito, [jessica.zito@cortland.edu](mailto:jessica.zito@cortland.edu)

Applicant's Name:

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a Regular Admission freshman applicant for Fall 2017\*  yes  no

\*Transfer applicants and freshman applying for Early Action or EOP admission are NOT eligible for Alumni Admissions

**To the Alumnus:** The person named above is applying to SUNY Cortland. The Alumni Admissions Review Committee needs your thoughts about the applicant's academic and personal qualifications. Please complete the following form to assist us in our review process. Your recommendation will remain confidential. The Alumni Admissions Review Committee does not provide access to application material to the applicant or to his/her family. This form will not become part of the student's official file should the applicant enroll at SUNY Cortland. Thank you!

Name of Alumnus: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Collegiate Affiliations/Organizations: \_\_\_\_\_



Applicant's Name:		
First	MI	Last

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**Please answer the following questions in the space provided OR by submitting a separate letter of recommendation**

Check "yes" if you are submitting an additional letter of recommendation  yes  no

- *How long have you known the candidate and in what context?*
  
- *Describe the candidate's strengths/qualifications as well as his or her potential for success.*
  
- *Why do you feel this candidate would be a good fit for SUNY Cortland?*
  
- *What challenges has this candidate been faced with that may have negatively affected his or her academic performance?*

Have you ever recommended a student for the Alumni Admissions Program before?  yes  no

Would you be willing to serve as a mentor to this candidate as he/she pursues her studies at SUNY Cortland?  yes  no

May we contact you for additional information about this candidate if needed?  yes  no

If yes, what is your email address? \_\_\_\_\_

Phone number: \_\_\_\_\_ alternate: \_\_\_\_\_

Return to: Office of  
Admissions SUNY  
Cortland  
Re: Alumni Admissions Program  
P.O. Box 2000  
Cortland, New York 13045  
Fax: 607-753-5998  
jessica.zito@cortland.edu

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

Please be sure to sign & date this form, and return to the address above. For consideration in the Alumni Admissions program, nominations must be received no later than January 15th.