

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

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 2018* 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: _____
<p>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.</p>	