



HEBREW UNION COLLEGE – JEWISH INSTITUTE OF RELIGION  
היברו יוניון קולג' – מכון למדעי היהדות

## School of Graduate Studies/Programs in Graduate Studies Reference Form

### To the Applicant:

Please complete the top section of this form then send it to the person providing your letter of recommendation.

Applicant's Name \_\_\_\_\_

Degree Program:  Pre-Doctoral M. A. Program in Jewish Studies

The Federal Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, give students the right to inspect their records. This includes letters of recommendation submitted as part of the application process. HUC-JIR will carefully review all letters of recommendation. However, letters written in confidence are most useful in assessing a candidate's qualifications and promise. If you sign the following waiver you will waive your right to see this letter.

**By signing below, I waive my legal right to inspect this letter of recommendation.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### To the Referee:

Please attach the letter of recommendation to this completed form. Please be advised of the student's right to inspect this recommendation should they not waive the right indicated in the instruction "To the Applicant." The School of Graduate Studies will appreciate a statement from you concerning the above named person, and would like for you to address the following:

- 1 Please tell us the nature of your relationship to the applicant
- 2 Please assess the applicant's aptitude for graduate study by addressing the following areas: academic and intellectual ability, character, and personality, and emotional stability
- 3 Please assess the applicant's promise for contribution to his/her chosen field of specialization
- 4 Please identify the applicant's weaknesses and strengths

Name of Referee (*please print*) \_\_\_\_\_ Signature \_\_\_\_\_

Institution \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please attach this form with the letter of recommendation addressed to the School of Graduate Studies, Administrative Office, Room 211, 3101 Clifton Avenue, Cincinnati, OH 45220. If you have any questions, please contact the Administrative Assistant, Lisa Jo Duffy by phone at 513-487-3230 or by e-mail at [lduffy@huc.edu](mailto:lduffy@huc.edu).