RECOMMENDATION FORM

TO THE APPLICANT:

Please complete the first part of this form and give it to your recommender with an envelope addressed to you. Ask your recommender to return the recommendation and this form in the envelope, sealed, and signed across the flap. Do not open the envelope; submit it with the rest of your application materials. If your recommender prefers, the recommendation may be mailed to our program at the address below.

Please take note that recommendations are to be written only by the recommender. Please provide your recommender with a copy of your application materials to assist him/her in writing the recommendation.

Applicant’s Name

Applicant’s Address:

TO THE PERSON WRITING THE RECOMMENDATION:

Please return your recommendation to the applicant in a sealed envelope with your signature across the seal. The applicant will submit the recommendation along with the application. If you prefer, you may mail the recommendation to us directly.

Please note that if you wish your recommendation to remain confidential, the student must indicate above that the right to see your recommendation is waived.

Recommender

Title

Address

Phone

E-Mail

I understand that U.S. legislation provides me with a right of access to this recommendation under certain circumstances. I understand that I may waive such access, and that no school may require me to waive this right.

☐ I hereby waive my right of access to this recommendation.

☐ I do not waive my right of access to this recommendation.

Signature    Date
May we contact you for additional information about the applicant?  □ Yes  □ No

How long and in what capacity have you known the applicant?

________________________________________________________________________

Please rate the applicant on the following criteria:

<table>
<thead>
<tr>
<th>Insufficient Opportunity To Observe</th>
<th>Below Average (Low 50%)</th>
<th>Satisfactory (Top 50%)</th>
<th>Good (Top 25%)</th>
<th>Excellent (Top 10%)</th>
<th>Exceptional (Top 2%)</th>
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<tbody>
<tr>
<td>Integrity</td>
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<td>Intellectual Ability</td>
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<td>Judgment, Maturity</td>
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<td>Initiative, Motivation</td>
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<td>Communication: Oral Skills</td>
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<td>Communication: Written Skills</td>
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Please give your candid evaluation of this applicant, particularly including observations bearing upon character, academic ability, and potential for success in the LL.M. in U.S. Legal Studies for Foreign Law School Graduates Program. Please bear in mind that the St. John’s LL.M. is a rigorous program involving successful completion of 24 credits. We request your evaluation of the ability of the applicant to handle such a program successfully and your judgment as to the applicant’s promise in the practice of U.S. law. Please feel free to add additional pages to your evaluation or to submit the evaluation in an attached letter.

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What is your overall evaluation of this applicant? (Please circle the appropriate designation.)

Bel ow Average (Low 50%)  Satisfactory (Top 50%)  Good (Top 25%)  Excellent (Top 10%)  Exceptional (Top 2%)

________________________________________________________________________

Recommender’s Signature

Date

St. John’s University – School of Law
Office of Transnational Programs – LLM Center
8000 Utopia Parkway – Queens – NY 11439
otp@stjohns.edu