

Check one: ☐ **JANUARY** admission  
(form due November 15)  
☐ **SEPTEMBER** admission  
(form due February 15)

# Ada Comstock Scholars Program Reference Form

**To the candidate:** Please complete the top section of each copy and give it, with a stamped envelope addressed to the Office of Admission, to someone who knows you well, who can give us an estimate of your academic qualifications and who can comment on your potential for success at Smith College. If you choose to waive your right to read this reference, you must sign this form where indicated. **This form may be duplicated.**

The person writing the recommendation must send it directly to the Office of Admission at the above address, **no later than November 15 (January admission) or February 15 (September admission).**

Please print or type.

Name of candidate \_\_\_\_\_ Date \_\_\_\_\_

Name of reference \_\_\_\_\_

Name of institution/organization \_\_\_\_\_

Address \_\_\_\_\_

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

**Access to this letter of reference:** Current federal law provides students with the opportunity to read references written for them. If you choose to waive this statutory right, please sign the waiver on the line below.

☐ I waive my right to read this letter. ☐ I do not waive my right to read this letter.

 Candidate's signature \_\_\_\_\_ Date \_\_\_\_\_

**To the reference:** The candidate named above is applying to Smith College as an Ada Comstock Scholar. Please address the questions below either on this form or in an attached letter. Please be specific and candid. Your letter must be mailed directly to the Office of Admission and received no later than **February 15**.

Please be sure to sign your recommendation. Thank you.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please assess the candidate's academic ability and potential, her integrity, industry and motivation. Note any special qualities and/or unusual circumstances that may be relevant to this application. You may use the back of this form if necessary.

Please check one. ☐ Highest recommendation ☐ Strongly recommended ☐ Recommended ☐ Other \_\_\_\_\_

 Reference signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Please print name

Please tear here

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