

CALIFORNIA COLLEGE OF THE ARTS UNDERGRADUATE STUDIES RECOMMENDATION FORM

CCA Enrollment Services Office

1111 Eighth Street, San Francisco CA 94107-2247

Phone: 415.703.9523 or 800.447.IART Fax: 415.703.9539

Email: enroll@cca.edu Website: www.cca.edu

**To be completed by the applicant**

Name of Applicant

LAST FIRST MIDDLE

Date of Birth

MONTH DAY YEAR

Social Security No.  -  -

Recommendation for admission to the following program:

<input type="radio"/> Animation	<input type="radio"/> Furniture	<input type="radio"/> Interior Design	<input type="radio"/> Printmaking
<input type="radio"/> Architecture	<input type="radio"/> Glass	<input type="radio"/> Jewelry / Metal Arts	<input type="radio"/> Sculpture
<input type="radio"/> Ceramics	<input type="radio"/> Graphic Design	<input type="radio"/> Media Arts	<input type="radio"/> Textiles
<input type="radio"/> Community Arts	<input type="radio"/> Illustration	<input type="radio"/> Painting/Drawing	<input type="radio"/> Visual Studies
<input type="radio"/> Fashion Design	<input type="radio"/> Industrial Design	<input type="radio"/> Photography	<input type="radio"/> Writing and Literature
			<input type="radio"/> Undecided

In accordance with provisions of the Federal Educational and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they have explicitly waived that right.

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

NAME OF RECOMMENDER

POSITION

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE

**TO THE RECOMMENDER**

The applicant named above has requested your recommendation for admission to California College of the Arts. We would appreciate your appraisal of the applicant's skills and talent, conceptual understanding, ability to learn and help others learn, motivation, professional promise, and scholastic aptitude, as well as your assessment of the applicant's strengths and weaknesses. You may write your comments on the second page of this form or attach a letter on your letterhead. Your candid assessment of the applicant will greatly assist in the admissions process. After completing this form, please place it in an envelope and sign across the seal. You may return the envelope to the applicant, who will forward it to the college, unopened, with his or her application materials. Or, if you prefer, you may mail the form directly to us.

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 Enrollment Services Office  
 1111 Eighth Street  
 San Francisco CA 94107

If you have any questions, please call 415.703.9523 or 800.447.IART or email enroll@cca.edu.

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

CAPACITY

AMOUNT OF TIME KNOWN

RECOMMENDER'S SIGNATURE

DATE

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Use this space, or attach a separate sheet on your letterhead.