



CLARKSON UNIVERSITY / SUNY UPSTATE MEDICAL  
UNIVERSITY EARLY ADMISSION PROGRAM  
REFERENCE FORM

**Applicant:** Complete the following:

Applicant Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
High School \_\_\_\_\_  
E-mail Address \_\_\_\_\_

I agree to waive my right under The Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

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

**Recommender:**

The student named above has submitted an application for Clarkson University / SUNY Upstate Medical University Early Admission Program. It will be most helpful to our selection committee if you would critically assess his or her ability as it relates to a career in medicine. We appreciate your efforts on this student's behalf, and ask that you return this form postmarked by **January 30**. Please feel free to use the reverse side of this form or to attach a separate sheet.

*Please print clearly or type:*

Recommender's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**Please return all required materials to:**

Clarkson University  
Office of Undergraduate Admission  
8 Clarkson Avenue, Box 5605  
Potsdam, NY 13699-5605