Please give this part of the form to the teacher or counselor you have asked for a letter of recommendation. Do not forget to sign in the appropriate place below.

Annual Robotics Summer Camp, Summer 2018 Letter to Support Application

Name of Applicant (please print):	Name of Recommender (please print):
	the applicant. In particular, discuss your impressions of how Robotics Summer Camp. Please write your letter on a separate
Dr. Seung-yun Kim Electrical and Computer Engineering, AR The College of New Jersey P.O. Box 7718, Ewing, NJ 08628-0718 Email: KimS@tcnj.edu	181
•	email by the deadline date. Letters must be received by May tions arise, please include a telephone number and/or e-mail
Questions? Please call (609) 771-3443 or e-m	ail KimS@tcnj.edu
	vacy Act, students have a right to inspect their files, so that itial letter, the student should sign one of the following
I DO WAIVE my right of access to this letter	I DO NOT WAIVE my right of access to this letter