



Letter of Recommendation

Note: This is online version of Form and please use Tab key of your keyboard to move to next column.

Name of Applicant	
Program Applied for	
I agree that the recommendation I am requesting shall be held in confidence and I hereby waive any rights to examine it (Check one box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Applicant _____	Date _____

Name of Recommender		Title	
Organization			
Address & Tel No.			

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

2. Are you aware of the applicant's academic record? Yes No

3. Is the applicant prepared academically for the challenges of the Program applied for? Yes No

4. Is the applicant prepared emotionally for the challenges of the Program applied for? Yes No

5. Please assess the applicant in the following areas and indicate the reference group used for your judgments (i.e. employee, student). Reference group: _____

	Excellent	Good	Average	Poor	Unable to judge
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please provide a written evaluation of the applicant for the Admission Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful to the committee in their selection process.

7. Summary Evaluation: Please indicate your overall recommendation for this applicant:
 Highly Recommended Recommended Recommended with reservation Not Recommended

Recommender's of Applicant _____ Date _____

Please return this form to the candidate in the envelope provided. Seal the envelope and sign across the flap. The candidate will submit it unopened with his/her application. Thank you.