

Recommendation Form

ASSUMPTION COLLEGE • GRADUATE SCHOOL

500 Salisbury Street, Worcester, MA 01609-1296 Phone (508)767-7387 Fax (508)767-7030

Applicant's Information *(Please type or print)*

Last Name

First Name

Middle Initial

E-Mail Address

In accordance with the Family Educational Rights and Privacy Act of 1974 applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation before you enroll in any graduate program at Assumption College.

☐ I waive my right to see this recommendation.

☐ I retain my right to see this recommendation.

Applicant Signature

Date

Student is applying for: ☐ Master of Business Administration ☐ CAGS ☐ CGS
☐ Master of Arts in Counseling Psychology; ☐ CAGS
☐ Master of Arts in Rehabilitation Counseling; ☐ CAGS
☐ Master of Arts in School Counseling; ☐ CAGS
☐ Master of Arts in Special Education; ☐ CAGS

Recommender's Name

Last Name

First Name

Middle Initial

To be completed by the Recommender:

1) How long have you known the applicant? _____

2) In what capacity have you known the applicant? _____

3) Please use the following table to compare the candidate with others you have **recommended for graduate study or with others you have known in a professional capacity**. Please note that the purpose of this evaluation is to assess the applicant's ability to perform academic work at the graduate level.

	Top 5%	Top 10%	Top 25%	Top 50%	No Basis to Judge
Intellectual ability					
Ability in speaking					
Ability in writing					
Knowledge of academic area					
Analytical ability					
Emotional maturity and stability					
Ability to work with others					
Responsibility					
Ability to make good judgments					

4) In the space below, please provide a written assessment of this applicant's potential to complete a rigorous master's level program. Be as specific and candid as possible, commenting on strengths and weaknesses and providing examples of skills and characteristics that you believe are relevant to our decision. Attach an additional sheet if necessary.

Recommender: ☐ Dr. ☐ Mr. ☐ Ms. Name _____
(Please type or print)

Title _____

Place of Employment _____

Street Address/PO Box _____

City _____ State _____ Zip _____

Phone # (_____) _____ E-Mail Address _____

Signature _____

Thank you for your time in providing this recommendation.

Please mail to:

Director of Graduate Enrollment
Assumption College
500 Salisbury Street
Worcester, MA 01609-1296