

GRADUATE STUDIES COLLEGE OF ARTS & SCIENCES RECOMMENDATION LETTER COVER SHEET

John Carroll University thanks you for taking the time to assist in the process of evaluating this applicant for admission to a graduate studies program. Recommendations that supply relevant information about an applicant not disclosed by college transcripts, test scores, and scholastic evaluations are most helpful. Please type or print all information requested on this form. Letters and cover sheets must come directly from the recommender.

TO BE COMPLETED BY THE APPLICANT								
Name:								
Last			First				Middle Initial	
Social Security N	fumber:	□ □ - □						
E-mail:	Phone:		Gradua	ate Progra	m:			
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Signature						D	ate	
	TO BE (COMPLETED	BY THE	RECON	IMENDE	R		
Name and Title:								
Address:								
 E-mail:	Busines	ss Phone:		Но	ome Phone:			
How long have y	ou known the applicant?	Less than 1 year	□ 1-2 yrs.	□ 2-3 yrs.	□ 3-5 yrs.	□ More than 5 y	rts.	
Signature						I	Date	
ability to underta	tter of recommendation, p ke and succeed in graduate stails that would help us as	e studies. Please i	nclude the ca	apacity in	which you	have known th		
	RETURN THIS FORM AND YOUR RECOMMENDATION							
	LETT	TER TO THE	ADDRE	SS BE	LOW:			
	College of Arts & Sciences		·		1. ** *		(21() 207 4204	