

# CONFIDENTIAL RECOMMENDATION FORM ::

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## HOLY FAMILY UNIVERSITY

Division of Extended Learning

1311 Bristol Pike

Bensalem, PA 19020

Tel: 267-341-5030 Fax: 215-633-0558

acclearn@holyfamily.edu



**Holy Family**  
UNIVERSITY

Two recommendations must be submitted on the enclosed forms. One of the two recommendations must be from your current supervisor, the other from an individual who can comment on your professional and/or academic qualities. This recommendation will become part of your application file and will not be disclosed to any unauthorized individual without your consent.

## APPLICANT SECTION :: *Please print or type (to be completed by applicant)*

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Name (Last, First, Maiden/Middle) \_\_\_\_\_

Degree Seeking \_\_\_\_\_

In accordance with the Family Education Rights Privacy Act of 1974, you have the right to review this recommendation. If you wish to have this evaluation considered confidential between the evaluator and Holy Family University, select the appropriate option below.

I waive my right to review this recommendation     I do not waive my right to review this recommendation

## RECOMMENDER SECTION :: *Please print or type (to be completed by recommender)*

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Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Are you the applicant's supervisor?     YES     NO

Your assessment of the applicant would be of assistance to the Admissions Committee. We hope that you candidly respond to the following questions, and, if additional space is required, please feel free to attach a separate sheet.

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

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2. Please comment on the applicant's ability to write clearly and competently and on her/his ability to make effective oral presentations.

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3. Please comment on the applicant's strengths and weaknesses, ability to work with peers, ability to accept feedback, and how those characteristics will impact her/his potential for success in a graduate program.

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4. Any observations you may wish to make concerning the applicant's capacity for academic work in an **accelerated** program would be appreciated. Comments regarding management or leadership experience are helpful.

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5. In my opinion, the applicant will:

- Be an outstanding graduate student
- Be an above average graduate student
- Be an average graduate student
- Be a poor graduate student
- Would not succeed on the graduate level

THANK YOU! We realize the time and effort involved in preparing this evaluation, and we greatly appreciate your help.

Signature

Date

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