

# MERCYHURST COLLEGE GRADUATE RECOMMENDATION FORM

MERCYHURST COLLEGE • OFFICE OF ADULT AND GRADUATE PROGRAMS • 501 E. 38<sup>TH</sup> STREET • ERIE, PA 16546 • PHONE: 814-824-2297 • FAX: 814-824-2055

*To be completed by Applicant:*

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
LAST FIRST MIDDLE

Graduate Program for which this recommendation applies \_\_\_\_\_

I agree the recommendation I am requesting shall be held in confidence by officials of Mercyhurst College, and I hereby waive any rights to examine it:     Yes     No

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Provide this form and self-addressed, pre-paid envelope to Recommender.*

Recommender \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

**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. Do you feel that the applicant is prepared academically for the challenges of a master's degree program?** .....  Yes     No

	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"/>
Oral 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"/>
Leadership Ability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Please complete the other side)*

**4. Do you consider the applicant's achievements thus far to be a true indication of his/her ability? .....**  Yes  No

Please explain your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Summary Evaluation. Please indicate your overall recommendation for this applicant.**

Highly recommend     Recommend     Recommend with reservation     Do not recommend

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

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**Recommender's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_