

Recommendation for Admission

Applicant:

Please complete the top section of this form.

Name of applicant: _____ Last First M.I.

Mailing address: _____ Number and Street City State Zip Code

Degree sought: _____ Department/ Program: _____

Area of concentration _____

Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so.

Please mark the appropriate space below and sign your name.

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

Applicant signature

Date

To the Recommender: The person whose name appears above is applying for admission to the indicated program at Fairfield University. Your assessment of the applicant will assist the Committee on Graduate & Continuing Studies Admission in its decision regarding his or her admission into the school.

Please submit your recommendation in an envelope and sign it across the seal. It can be returned to the applicant or sent directly to Office of Graduate & Continuing Studies Admission, Kelley Center, Fairfield University, 1073 North Benson Road, Fairfield, CT 06824-5195. If you have any questions, please contact the office at (203) 254-4184.

On a separate sheet of paper, please indicate how long and in what capacity you have known the applicant and your opinion regarding the applicant's qualifications to do work in the field specified. Evaluate the applicant's strengths and weaknesses, and assess the candidate's promise of professional success. If appropriate, please use specific examples to highlight the applicant's qualities.

The following questions suggest the type of information that the committee finds useful, but please feel free to include any additional comments you think will provide us with helpful information. We realize that we are asking for considerable time and effort on your part in providing information about the applicant. We want to assure you that your generous assistance in giving this appraisal is very helpful to us and is greatly appreciated.

In making your evaluation of this applicant, with what reference group are you making your comparisons?

Keeping your reference group in mind, please indicate your appraisal of the applicant in terms of the qualities listed below.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
General Ability					
Decision-Making Ability					
Creative Qualities					
Readiness for Professional Career					
Initiative					
Self Discipline					
Leadership Potential					
Motivation					
Writing Ability					
Ethical Integrity					
Speaking/Presentation Skills					
Emotional Maturity/Stability					
Overall, I expect the applicant's work to be					

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Recommender's name (please print): _____

Position or title: _____

Organization: _____

Address: _____
Number and Street *City* *State* *Zip Code*

Telephone: _____ E-mail address: _____

Signature *Date*