



GRADUATE PROGRAMS LETTER OF RECOMMENDATION

TO THE APPLICANT:

This form should be given to a professor, employer or some other person who is able to comment on your qualifications for graduate study. At least one Letter of Recommendation should be related to employment experience. It must be received sealed in an envelope. If this recommendation is being forwarded directly to the College, for the convenience of the person completing this form, you should include a stamped envelope addressed to:

College of Saint Elizabeth
Attn: Graduate Programs Admissions
2 Convent Road
Morristown, NJ 07960-6989

Your Name: _____
Last First Middle Former

Date of intended enrollment: Fall Spring Summer Other Calendar Year: _____

I am applying for admission to (indicate program of study): _____

Print Name of Person Providing Recommendation: _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) which gives students the right to inspect and review their educational records, students may waive their rights to see specific confidential statements and letters of recommendation. In the belief that applicants and their sponsors may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

A. I waive my right to examine this letter of recommendation.

B. I do not waive my right to examine this letter of recommendation.

Signature: _____ Date: _____

To BE COMPLETED BY THE APPLICANT'S REFERENCE

1. I have known the applicant as: undergraduate student graduate student employee other _____

2. I have known the applicant for _____ years and/or _____ months

3. I served as his/her: major advisor teacher for one class teacher for multiple classes
 employer department head other _____

4. How would you rate the applicant's academic ability overall?

Deficient (Lowest 10%) <input type="checkbox"/>	Below Average (Next 20%) <input type="checkbox"/>	Average (Next 40%) <input type="checkbox"/>	Above Average (Next 20%) <input type="checkbox"/>	Exceptional (Highest 10%) <input type="checkbox"/>
---	---	---	---	--

5. Please rate the applicant's achievement and abilities.

Check only one box in each row.

	Deficient	Below Average	Average	Above Average	Exceptional
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Handle Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. On a separate sheet of paper, please describe the applicant's previous performance and experiences that relate to qualifications for graduate work. Include specific accomplishments and a profile of the person's strengths and weaknesses in terms of a) academic background, b) professional background, c) interpersonal style, and d) personal characteristics.

NOTE: For those recommending applicants to the Counseling Psychology and School Counselor programs, please have your answers relate to the person's potential as a counselor.

Signature: _____ Date: _____

Print name: _____ Title/Position: _____

Organization: _____

Telephone: (_____) _____ Email: _____

Address: _____