



GRADUATE ADMISSIONS

Applicant's Recommendation

To The Applicant:

Fill in your name, address and proposed graduate program. This form should be given to an individual who is able to assess your qualifications for graduate study.

Name of Applicant _____ Telephone No. (day) _____
last first middle

Address _____

Proposed Graduate Program _____ Social Security No. _____
(optional)

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 recommenders 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.

_____ Applicant's Signature

_____ Date

To The Recommender:

How long have you known the applicant? _____ In what capacity? _____

How would you rate the applicant?

No Basis		Below Average	Average	Good	Very Good	Excellent
	Creative, Original Thought					
	Motivation					
	Independence					
	Initiative					
	Intellectual Ability					
	Academic Achievement					
	Written Expression of Ideas					
	Effective Oral Communication					
	Disciplined Work Habits					
	Potential for Growth					
	Personal Integrity					
	Dependability					
	SUMMARY EVALUATION					

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In the space below, please comment on the applicant's aptitude for graduate study. the applicant's creative promise, maturity, intellectual capacity and character are some factors you may wish to include in your comments.

This form is submitted to you for your opinion of the applicant's qualifications for graduate work. If the applicant requesting this evaluation has signed statement (B) or has signed neither of the waiver statements, this letter of recommendation will be available for the applicant's examination should he or she enroll at Saint Peter's College. Upon completion of this form please use the envelope provided and mail to:

Saint Peter's College
Office of Graduate Admissions
2641 Kennedy Boulevard
Jersey City, NJ 07306-5944

Signature

Title or Position

Institution

Date