

To The Applicant

Applicant's Name _____
Last First MI

Social Security Number: _____ - _____ - _____

Intended Graduate Program of Study _____

Please enter your name in the line above and deliver or mail to the person who will write a letter of recommendation for you. Recommenders are generally current/former teachers and/or supervisors. The letter should be mailed to:

Saint Joseph's University
Online Graduate Admissions Processing Center
851 Trafalgar Court
Suite 420 - West
Maitland, FL 32751
Toll Free Fax: 866-758-7659

Name of Recommender: _____

Address: _____

Waiver: I understand under the U. S. Family Educational Rights and Privacy Act of 1974 that I have the right to inspect the confidential recommendation when it becomes a part of my file at Saint Joseph's University.

I DO DO NOT waive the right to review this document

Applicants Signature _____ Date _____

To Be Completed by the Recommender

The above named person is applying for admission to our Graduate Program. The SJU admissions Committee would appreciate your assessment of the applicant to assure that the person will be a qualified graduate student. The Committee assures you that your assistance is helpful in the admissions process and, in many cases, becomes the deciding factor. Please return this document with your letter of recommendation. Thank you for your contribution.

The following questions are provided to assist you in developing your response which should be typed on your letterhead
How long have you known the candidate and what is your relationship?

What are the applicant's outstanding talents and strengths? liabilities or weaknesses?

How well do you think the applicant has developed his or her plans for graduate study?

How well do you think the candidate may perform in graduate school where independent thought and action, excellent interpersonal communication, and mature handling of responsibilities are required to meet course and graduate school objectives?