

Recommendation Letter

Graduate Processing Office:

IGNATIUS UNIVERSITY 2295 Victory Boulevard Staten Island, N.Y. 10314 (718) 698-0700

APPLICANT: With your application you must submit letters from three (3) of your professors, preferably in your major field. Complete this section. Please type. Give this form to the person who you have asked to recommend you.

The RECOMMENDER will send it directly to IGNATIUS UNIVERSITY.

_____ Last Name
_____ First Name _____ Middle Name _____ Social Security # _____
Proposed Department/Program _____ Field of Concentration _____

In accordance with Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation, if you enroll in the Graduate School. If no signature appears, the right of access is considered waived. I choose to waive my right of access _____

Signature of Applicant Date I choose not to waive my right to access _____

Signature of Applicant Date _____

RECOMMENDER

Please type your letter of recommendation either on the back of this sheet or on your own letterhead. This recommendation will be used by the Graduate School only in its procedure relative to admission and merit-based aid. If student has not waived the right of access to the recommendation, it will become accessible to the student only if he or she enrolls in the Graduate School. When you have completed the recommendation, enclose it in your envelope. Seal it, sign it across the seal, and send it directly to IGNATIUS UNIVERSITY by first class mail; please do not send it by any other special mail. Please write as candidly as possible about the applicant's qualifications and potential to carry out advanced studies in the field specified. Assess, as well, the candidate's promise of professional success. In evaluating such qualities as the applicant's motivation, intellect, creativity, discipline and maturity, please discuss both strengths and weaknesses. If you can recall specific instances in which these qualities were revealed to you, this would be most helpful. How long and in what capacity have you known the applicant? _____

Please compare the applicant with others in your department who have gone on to graduate study.

Top 5% Top 10% Top 25% Top 50% Bottom 50%

No Basis for Judgment Creativity _____

Scholarship _____

Writing Ability _____

Oral Discussion/ _____

Presentation General Command of _____

English Language Emotional Maturity/ _____

Stability Motivation _____

Overall Potential for _____

Graduate Studies _____

Signature _____ Date _____

Name (type) _____ Title _____

Institution Name _____

Address _____

Telephone _____ Fax _____ Email _____