MERCYHURST COLLEGE
GRADUATE RECOMMENDATION FORM

MERCYHURST COLLEGE • OFFICE OF ADULT AND GRADUATE PROGRAMS • 501 E. 38TH STREET • ERIE, PA 16546 • PHONE: 814-824-2297 • FAX: 814-824-2055

To be completed by Applicant:

Name: _____ Soc. Sec. No. _____
LAST FIRST MIDDLE

Graduate Program for which this recommendation applies _____

I agree the recommendation I am requesting shall be held in confidence by officials of Mercyhurst College, and I hereby waive any rights to examine it: ☐ Yes ☐ No

Applicant's Signature: _____ Date _____

Provide this form and self-addressed, pre-paid envelope to Recommender.

Recommender _____

Title _____

Organization _____

Address _____

1. How long and in what capacity have you known the applicant? _____

_____

2. Are you aware of the applicant's academic record: ..... ☐ Yes ☐ No

3. Do you feel that the applicant is prepared academically for the challenges of a master's degree program? ..... ☐ Yes ☐ No

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written Commmunication Skills	☐	☐	☐	☐	☐
Oral Communication Skills	☐	☐	☐	☐	☐
Quantitative Skills	☐	☐	☐	☐	☐
Problem-solving Skills	☐	☐	☐	☐	☐
Decision-making Skills	☐	☐	☐	☐	☐
Ability to Work with Others	☐	☐	☐	☐	☐
Leadership Ability	☐	☐	☐	☐	☐

(Please complete the other side)

4. Do you consider the applicant's achievements thus far to be a true indication of his/her ability? ..... ☐ Yes ☐ No

Please explain your response: _____

_____

_____

5. Summary Evaluation. Please indicate your overall recommendation for this applicant.

☐ Highly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

Please provide a written evaluation of the applicant for the Graduate Admission Committee or attach a typed evaluation. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful to the committee in its selection process.

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Recommender's Signature: _____ **Date:** _____

Please return this form to Mercyhurst College in the self-addressed, pre-paid envelope provided.