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: Office of Graduate Admission
2 Convent Road
Morristown, NJ 07960-6989

Your Name: _____________________________________________________________

Last First Middle Former

Cell phone: ___________________________ Email: ___________________________

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 □ supervisor □ department head □ other _____________________  

4. How would you rate the applicant’s academic ability overall?  
   Deficient (Lowest 10%) □ Below Average (Next 20%) □ Average (Next 40%) □ Above Average (Next 20%) □ Exceptional (Highest 10%) □  

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 □ □ □ □ □  
   Written Communication □ □ □ □ □  
   Commitment to Profession □ □ □ □ □  
   Ability to Handle Pressure □ □ □ □ □  
   Reliability/Responsibility □ □ □ □ □  
   Interpersonal Skills □ □ □ □ □  
   Ability to Work Independently □ □ □ □ □  
   Ability to Work in Teams □ □ □ □ □  
   Initiative □ □ □ □ □  

6. On a separate sheet of letterhead, 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: _________________________________________________________________________________________