

RECOMMENDATION FORM FOR TEACHER EDUCATION GRADUATE PROGRAMS

Information for the Applicant

Professional recommendations must be from faculty with whom you have studied OR a supervisor in an employment situation. Personal references (from friends, relatives, etc.) are not acceptable.

Please fill in your name and the name of the program that you intend to join. Forward this form to your Recommender. Please check one confidentiality waiver option and sign this form.

Name of Applicant: _____

Name of Program: _____

I waive _____ /do not waive _____ my right of access to this recommendation form.

Signature of Applicant: _____ Date: _____

Information for the Recommender

Kindly complete this recommendation form for the person named above. The information that you provide will help to assess the applicant's potential for success in the graduate business program. You may, if you wish, provide information in a separate letter. All the information will be used by the College exclusively for the admissions process.

Thank you for your time and effort involved in completing this form.

1. How long have you known the applicant? In what capacity?

2. Please list any specific observations regarding the applicant's potential for graduate work and success in his/her professional field.

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FOR MORE INFORMATION:

Office of Graduate Admissions
Doyle Hall
470 Western Highway
Orangeburg, NY 10962
845.848.7908
graduate.admissions@dc.edu



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DOMINICAN
College

470 Western Highway ■ Orangeburg, NY 10962

3. Are there any strengths or weaknesses that the graduate admissions committee should be aware of?

4. Please evaluate the applicant on the criteria listed below:

	Exceptional	Good	Average	Poor	Unknown
ACADEMIC ABILITY					
INTER-PERSONAL SKILLS					
WRITTEN SKILLS					
ORAL SKILLS					
EMOTIONAL MATURITY					
CHARACTER/INTEGRITY					

Name of Recommender

Signature

Date

Position / Title

Telephone #

Email

Please mail to:

Dominican College
Office of Graduate Admissions
Doyle Hall
470 Western Highway
Orangeburg, NY 10962