Recommendation Form

ASSUMPTION COLLEGE • GRADUATE STUDIES

500 Salisbury Street, Worcester, MA 01609-1296 Phone (508)767-7387 Fax (508)799-4412

Applicant's Full Name:

In accordance with the Family Educational Rights and Privacy Act of 1974 applicants may waive their right to see letters of recommendation.
This applicant has chosen to: ☐ Retain my right to see this recommendation. ☐ Waive my right to see this recommendation.

Recommender's Name: Select One

Title:

Place of Employment:

Street / PO Box:

City: **State:** **Zip Code:**

Phone #: **Cell #:** **Email:**

Recommender's Signature:

(please print document and sign)

1) How long have you known the applicant?

2) In what capacity have you known the applicant?

3) Please use the following table to compare the candidate with others you have recommended for graduate study or with others you have known in a professional capacity. Please note that the purpose of this evaluation is to assess the applicant's ability to perform academic work at the graduate level.

	Top 5%	Top 10%	Top 25%	Top 50%	No Basis to Judge
Intellectual ability	☐	☐	☐	☐	☐
Ability in speaking	☐	☐	☐	☐	☐
Ability in writing	☐	☐	☐	☐	☐
Knowledge of academic area	☐	☐	☐	☐	☐
Analytical ability	☐	☐	☐	☐	☐
Emotional maturity and stability	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐
Responsibility	☐	☐	☐	☐	☐
Ability to make good judgments	☐	☐	☐	☐	☐

4) In an attached document, please provide a written assessment of this applicant's potential to complete a rigorous graduate level program. Be as specific and candid as possible, commenting on strengths and weaknesses and providing examples of skills and characteristics that you believe are relevant to our decision.

Thank you for your time in providing this recommendation.
This form can be submitted in the following options: Mailed, Graduate Admissions, Assumption College, 500 Salisbury Street, Worcester, MA 01609-1296: Emailed, **graduate@assumption.edu** or Faxed, 508.799.4412.