

TO BE COMPLETED BY APPLICANT. PLEASE SAVE THIS FORM TO YOUR DESKTOP BEFORE COMPLETING.

Name _____
(DR., MR., MRS., MS., MISS) LAST FIRST MIDDLE INITIAL

Email _____ Phone _____

***NOTE: Please make sure that pages 1 and 2 are turned in together for each recommendation.**

PLEASE SELECT YOUR PROGRAM PREFERENCE

- | | |
|--|---|
| Accounting (MS) | Advanced Occupational Therapy Practice (Cert.) |
| Applied Behavior Analysis (MS/EdS) | Advanced Trauma-Informed Counseling (Cert.) |
| Applied Data Science (MS) | Autism Endorsement (Cert.) |
| Clinical Mental Health Counseling (MS) | Autism Spectrum Disorders (Cert.) |
| Creative Nonfiction Writing (MFA) | Digital Transformation (Cert.) |
| Cybersecurity (MS) | Early Childhood Education (PreK-2) Professional Licensure (Cert.) |
| Developmental Psychology (MS) | Elementary Education (1-6) Professional Licensure (Cert.) |
| Early Childhood Education (MSEd/EdS) | English as a Second Language (ESL) (Cert.) |
| Elementary Education (MSEd/EdS) | Enrollment Management (Cert.) |
| English as a Second Language (MSEd/EdS) | Health Informatics (Cert.) |
| Entrepreneurial Thinking & Innovative Practices (MBA) | Language & Literacy (Cert.) |
| Health Science Doctorate (DHSc) | Leadership & Negotiation (Cert.) |
| Healthcare Management (MS) | Lean Six Sigma Green Belt in Healthcare (Cert.) |
| Higher Education Administration (MS) | Moderate Disabilities (5-12) Professional Licensure (Cert.) |
| Higher Education Leadership & Organizational Studies (EdD) | Moderate Disabilities (PreK-8) Professional Licensure (Cert.) |
| Nonprofit Management & Philanthropy (MS) | Narrative Medicine (Cert.) |
| Nursing (MSN) | Nonprofit Governance (Cert.) |
| Nursing Practice Doctorate (DNP) | Nonprofit Management (Cert.) |
| Public Health (MPH) | Online Teaching (Cert.) |
| Reading & Literacy Instruction (MSEd/EdS) | Online Teaching & Program Administration (Cert.) |
| Special Education (MSEd/EdS) | Organizational Excellence (Cert.) |
| Special Education Administrator (MSEd/EdS) | Productive Aging (Cert.) |
| Strategic Fundraising & Philanthropy (MS) | Reading Specialist Licensure Program (Cert.) |
| Transformative School Leadership (EdD) | Severe Disabilities (PreK-12) Professional Licensure (Cert.) |
| | Strategic Fundraising (Cert.) |
| | Transition Specialist (Cert.) |

SIGNATURE

I hereby waive any rights to examine this recommendation form.
 I understand that Bay Path University will hold this information in confidence. Yes No

► APPLICANT'S SIGNATURE

A DIGITAL OR WRITTEN SIGNATURE WILL BE ACCEPTED.

Continued on reverse. ►

TO BE COMPLETED BY RECOMMENDER. PLEASE SAVE THIS FORM TO YOUR DESKTOP BEFORE COMPLETING.

This is a recommendation for (Applicant's Name) _____

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 believe that the applicant is prepared academically for the challenges of the graduate program? Yes No

4. Do you feel the applicant is prepared emotionally for the challenges of the graduate program? Yes No

5. Please rate the applicant in each of the following areas:

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you consider the applicant's achievements thus far to be a true indication of his/her ability? Yes No
Please explain your response.

7. Summary evaluation. Please indicate your overall recommendation for this applicant:

Highly recommend Recommend Recommend with reservations Do not recommend

8. Please provide a written evaluation of the applicant's potential for success both academically and professionally, as it would be most helpful to the Graduate Admissions Committee in its selection process. You may use this sheet or attach your evaluation.

► RECOMMENDER'S SIGNATURE

DATE

A DIGITAL OR WRITTEN SIGNATURE WILL BE ACCEPTED.

SUBMIT YOUR RECOMMENDATION

Please mail, fax, or email **pages 1 and 2** of this form to the **university admissions office**.

Mail to: Bay Path University
Office of Graduate Admissions
588 Longmeadow Street
Longmeadow, MA 01106
Fax: 413.565.1250 | Email: graduate@baypath.edu