

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