

TO BE COMPLETED BY APPLICANT

Name _____
SALUTATION LAST FIRST MIDDLE INITIAL

Email _____ Phone _____

I hereby waive any rights to examine this recommendation form. I understand that Bay Path University will hold this information in confidence.

► APPLICANT'S SIGNATURE**TO BE COMPLETED BY THE RECOMMENDER**

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

Oral communication skills

Quantitative skills

Problem-solving skills

Decision-making skills

Computer skills

Ability to work with others

6. Do you consider the applicant's achievements thus far to be a true indication of their 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 for the Graduate Admissions Committee. Your candid assessment of the applicant's potential for success both academically and professionally is most helpful to the committee in its selection process. If your recommendation exceeds the length of this text box, please attach a separate letter via Word document or PDF in addition to this form.

► **RECOMMENDER'S SIGNATURE**

► **DATE**

SUBMIT YOUR RECOMMENDATION FORM

Please email your recommendation form to graduate@baypath.edu.