

Recommendation Form

To the Applicant

Please complete the following and ask your recommender to complete the rest of the form.

Name of Applicant: Last _____ First _____ Middle _____

Please indicate which program you are applying to: _____

Waiver: Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation; Western New England University may consider it to be confidential.

Applicant's Signature _____

To the Recommender

Thank you for providing an evaluation of the applicant named above. We value your candid and thoughtful assessment of the applicant. Your comments will be reviewed only by persons involved in the admissions process.

Name of Recommender (Last) _____ (First) _____

Based on your experience, please rate the applicant in the following areas:

	Truly Exceptional Top 2%	Excellent Top 10%	Very Good Top 25%	Good Middle 50%	Below Average Lower 25%	Unable to Judge
Intellectual Ability						
Oral communication skills						
Written communication skills						
Maturity						
Initiative						
Motivation						
Ability to work with others						
Time management skills						

- In summary I...** enthusiastically recommend
 recommend
 recommend with some reservations
 do not recommend

Please complete the recommendation by filling out the back of this form.

Please comment on your evaluation and provide any additional statements that would be helpful to the Admissions Committee. Include how long and in what capacity you have known the applicant. Use the space below or attach a separate sheet.

Signature of Recommender Date

Title and Organization

Street Address

City State Zip Code

Work Telephone Email

Please return this recommendation to:

Graduate Admissions
Western New England University
1215 Wilbraham Road
Springfield, MA 01119-2684
Fax: 413-782-1777
Email: study@wne.edu