



RECOMMENDATION FOR GRADUATE STUDIES

Recommender Guidelines: *Please be advised, all recommendations must come in a sealed, signed envelope and should be an academic or professional reference from someone who who has supervised your academic or work performance and is capable of assessing your potential as a graduate student.*

TO THE APPLICANT

Complete this section (please print or type) and ask your recommender to complete the rest of the form and return it to the address indicated.

Name _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____ E-mail address _____

Program for which you are applying:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Creative Writing (MFA, full-residency) | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Biology (MS with thesis) | <input type="checkbox"/> Executive Women's Leadership (Certificate) | <input type="checkbox"/> Psychology (MA) |
| <input type="checkbox"/> Biology (MS without thesis) | <input type="checkbox"/> Film and Digital Technology (MFA) | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Food Studies | <input type="checkbox"/> Sustainability Management (Certificate) |
| <input type="checkbox"/> Communications (Master of Arts in) | <input type="checkbox"/> Interior Architecture (Master of) | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Counseling Psychology (Master of Science in) | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counseling Psychology (Doctor of Psychology in) | <input type="checkbox"/> Landscape Studies | |

Under the Family Education Rights & Privacy Act, you have the right, if you enroll at Chatham, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right.

I waive I do not waive my right to review this application.

Signature of applicant _____ Date _____

TO THE RECOMMENDER

Please assess the applicant's potential as a graduate student in the program indicated above and provide additional comments by attaching a letter or using the back of this form.

Assessment of Skills

	Exceptional	Excellent	Good	Average	Below Average	Unable to Judge
Academic performance and abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for this program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual maturity and capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service and related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

In what capacity? _____

Overall recommendation for graduate study:

- I recommend this student enthusiastically confidently with reservations
 I do not recommend this student

Please print or type.

Name of recommender _____

Title _____

Institutional affiliation/address _____

Telephone _____

Signature _____ Date _____

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Use this space or include another sheet to provide an additional assessment of the applicant's capability for graduate study.