SCHOOL OF GRADUATE STUDIES RECOMMENDATION FORM

Please print clearly or type. In order to be processed, all information requested on this form must be completed.

TO BE COMPLETED BY APPLICANT:

Applicant’s Name ____________________________

(Last) (First) (Middle)

Applicant’s Email ____________________________ Program of Interest ____________________________

I agree that the recommendation I am requesting shall be held by Chestnut Hill College School of Graduate Studies, and I hereby waive any rights to examine it. __ Yes __ No

Applicant’s Signature ____________________________ Date ____________________________

Recommender’s Name ____________________________ Title ____________________________

Organization ____________________________

Address ____________________________

City ____________________________ State ______ ZIP _____________ Phone ____________________________

TO BE COMPLETED BY RECOMMENDER:

1. How long and in what capacity have you known the applicant?

__________________________________________________________________________

2. Are you aware of the applicant’s academic record? __ Yes __ No

   Do you feel the applicant is prepared academically for the challenges of the program? __ Yes __ No

   Do you feel the applicant is prepared emotionally for the challenges of the program? __ Yes __ No

3. Please assess the applicant in the following areas and indicate the reference group used for your judgments (i.e., employees, students).

   Reference group: ____________________________

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<th>OUTSTANDING TOP 1–2%</th>
<th>SUPERIOR TOP 5%</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>POOR</th>
<th>UNABLE TO JUDGE</th>
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<tbody>
<tr>
<td>Written Communication Skills</td>
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<td>Ability to Work with Others</td>
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4. Please provide a written evaluation of the applicant below or attach a separate document to this form, preferably on your organization’s letterhead. Describe the applicant in terms of existing abilities and potential growth in a graduate program. Address applicant’s strengths, weaknesses, ability to organize and communicate ideas, seriousness, maturity, and stability in the face of ambiguity. Thank you.

________________________________________________________________________
________________________________________________________________________
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5. If English is not the applicant’s native language, please comment on his/her oral and written English proficiency.

Oral ____________________________________________________________
________________________________________________________________________

Written ____________________________________________________________
________________________________________________________________________

Recommender’s Signature ____________________________ Date ____________

Please return to:
Graduate Admissions
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118

GradAdmissions@chc.edu
215.248.7097
www.chc.edu/graduate