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)

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 judgements (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>
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4. Please provide a written evaluation of the applicant either 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 difficulty. 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
Phone: 215.248.7097
Fax: 215.248.7161
www.chc.edu/graduate