Applicant's last name  
First name

If previous educational records are in another name, please indicate below:

Last name  
First name

TO THE RECOMMENDER

The person whose name appears above is applying for admission to the St. Joseph’s College. It would be of great assistance to the Graduate Admissions Committee if you present a balanced view of the applicant's talents and abilities as they relate to our master's programs. Your help is appreciated and your recommendation will be given serious consideration by the Graduate Admissions Committee.

Name of recommender ____________________________________________________________

Signature ___________________________  Date __________________________

1. How long have you known the applicant and through what connection?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. List the applicant's talents and strengths.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
3. What special personal qualities does the applicant possess that lead you to recommend this applicant to graduate school at St. Joseph's College?

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

4. Please give some examples of how the applicant has demonstrated the ability to succeed in graduate school.

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

5. Feel free to provide additional observations that will assist the Graduate Admissions Committee.

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

RECOMMENDATION
Please check one the following:

☑ Exceptional        ☐ Excellent        ☐ Good        ☐ Average        ☐ Below average

Signature ___________________________________________ Date _________________________

Your prompt return of this form is essential to a timely decision. Thank you for your cooperation.