

Letter of Reference

Graduate Management Studies

Long Island Campus
155 West Roe Boulevard
Patchogue, NY 11772
631.687.4501
www.sjcny.edu



(Please Print)

TO THE APPLICANT

Complete the section below and ask your recommender to return the form to you in the official envelope provided.

Applicant's last name _____ First name _____

Social Security number _____

Applying for:

1. M.S. in Management with a concentration in:

- Organizational Management
- Health Care Management
- Human Resources Management

2. Executive Master of Business Administration (E.M.B.A.)

3. M.B.A. in Accounting

4. M.B.A. in Health Care Management

5. M.B.A. in Health Care Management with a concentration in
Health Information Systems

6. Other

Applicant: If you wish to waive your right (under the Family Education Rights and Privacy Act of 1974) to review this letter of reference, please sign below. Such action is optional.

Signature of applicant _____ Date _____

TO THE RECOMMENDER

The person whose name appears above is applying for admission to one of the St. Joseph's College Graduate Management Studies programs. The graduate admissions office seeks your opinion regarding the applicant and your judgment regarding the applicant's ability to successfully complete advanced study in this field. Your help is appreciated and your recommendation will be given serious consideration by the graduate admissions office.

1. In what capacity have you known the applicant?

- Teacher
- Academic adviser
- Employer/supervisor

2. How long have you known the applicant?

- Less than one year
- One to three years
- Three to five years
- More than five years

3. Please rate the applicant on the following characteristics:

	Top 10 percent	Top 25 percent	Top 50 percent	Below 50 percent	Not observed
Academic performance					
Intellectual ability					
Motivation for proposed field of study					
Oral communication					
Written communication					
Interpersonal skills					
Leadership skills					
Overall evaluation as an applicant for graduate study					

A narrative description of the applicant's strengths and weaknesses is most helpful. Use the space below or a separate sheet if desired.

Name of recommender _____ Signature _____

Title _____ Organization _____

Address _____

Phone _____ Email address _____
Area code Number

Please return this to the student in the official envelope provided.

Description of applicant's strengths, weaknesses and capacity for graduate study.

Signature of Recommender _____