

Letter of Recommendation

Graduate Education Programs

SJC Long Island
155 West Roe Boulevard
Patchogue, NY 11772
631.687.4501
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OFFICE OF
ADMISSIONS

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.