



## Graduate Admission Recommendation Form

Applicant Name \_\_\_\_\_

Program applying for: \_\_\_\_\_

**TO BE COMPLETED BY THE RECOMMENDER**

Recommender Name (please print) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Instructor \_\_\_\_\_ Advisor \_\_\_\_\_ Supervisor \_\_\_\_\_ Other

How well do you know the Applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your knowledge of the applicant, please rate the applicant's promise as a graduate student on the following:

Criteria	Top 10%	Above Average	Average	Below Average	Unknown
Ability to work with others					
Ability to work independently					
Maturity					
Communication skills- Oral					
Communication skills- Written					
Motivation					
Personal Integrity					
Potential in Career Field					
Self-Confidence					
Creativity & Imagination					
Research Potential					

Indicate your overall endorsement of the applicant for graduate level coursework:

\_\_\_\_ Highly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with some Reservation    \_\_\_\_ Do not Recommend

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form to:  
Caldwell University, Graduate Admissions, 120 Bloomfield Avenue, Caldwell NJ 07006  
OR email to [graduate@caldwell.edu](mailto:graduate@caldwell.edu)