



Nazareth College  
 Office of Graduate Admissions  
 4245 East Avenue  
 Rochester, New York 14618-3790

# LETTER OF RECOMMENDATION

**NOTICE:** PUBLIC LAW 93-380, the Family Educational Rights and Privacy Act of 1974 as amended gives students the right of access to letters of recommendation written after January 1, 1975 and kept in a placement file in their name.

**THIS SECTION MUST BE COMPLETED BY THE CANDIDATE PRIOR TO THE RECOMMENDATION BEING WRITTEN**

NAME OF APPLICANT:	LAST	FIRST	MIDDLE OR FORMER/MAIDEN
STREET		CITY	ZIP
INTENDED PROGRAM OF STUDY			

NAME OF REFERENCE	REFERENCE PHONE NUMBER	REFERENCE E-MAIL
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Applicant requires receipt of the letter of recommendation by the following date: \_\_\_\_\_

**I choose to have this recommendation treated as (check one):**

CONFIDENTIAL (not open for my review)     NON-CONFIDENTIAL (open for my review) *If a box has not been checked, the recommendation will be treated as non-confidential.*

SIGNATURE OF APPLICANT	DATE
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**IMPORTANT GUIDELINES FOR THE WRITER OF THIS RECOMMENDATION:**

The applicant named above has selected you as a reference. Your candid assessment of the applicant will be helpful in assisting the committee in determining whether or not the applicant should be admitted to a graduate program in their intended program of study at Nazareth College.

Please note that the applicant may be under a deadline to provide this recommendation; **return your completed recommendation to the applicant by the date he/she has indicated above.** Your assistance in this process is greatly appreciated.

Please indicate in what capacity and for how long you have known the candidate. Rate the candidate's strengths and personal qualities, supporting your comments with specific examples. Criteria for evaluation include: scholarship, demeanor, oral and written communication skills, work habits, judgment, self-confidence, organizational and decision-making skills, leadership potential, integrity, commitment to the profession, and the ability to successfully complete a graduate program.

Attach this form and rating scale to the letter of recommendation. Applicants are required to submit letters of recommendation (along with other required documents) with their application, please Note:

- **IF THE APPLICANT HAS CHOSEN TO HAVE THIS RECOMMENDATION TREATED AS CONFIDENTIAL:** After completing this recommendation form, please return it to the applicant in a sealed envelope signed across the seal. The applicant will then forward it unopened to the Office of Graduate Admissions with additional application materials.
- **IF THE APPLICANT HAS CHOSEN TO HAVE THIS RECOMMENDATION TREATED AS NON-CONFIDENTIAL:** After completing this recommendation form, please return it to the applicant. The applicant will then forward it to the Office of Graduate Admissions with additional application materials.

As the sole purpose of the recommendation is for admission to a graduate program at Nazareth College, Graduate Admissions will dispose of all letters of recommendation following the admissions review process.

THIS FORM IS NOT TRANSFERABLE: Used only for the purpose of application to a graduate program of study at Nazareth College.



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Please state your opinion concerning the applicant's scholarship, demeanor, oral and written communication skills, work habits, judgment, self-confidence, organizational and decision-making skills, leadership potential, integrity, commitment to education, and the ability to successfully complete a graduate program. Please attach additional paper if needed.

This recommendation must be completed by an individual with direct knowledge of the candidate's ability to work within a professional setting.

Please rate the candidate on the following criteria by placing a check mark in the appropriate section of the Rating Scale. This rating, in addition to your narrative evaluation is very important. Please indicate in what capacity and for how long you have known the candidate. Cite any additional strengths or personal qualities of the candidate. Supporting your ratings and comments with specific examples will enhance the usefulness of this recommendation. Recommendation must be completed by someone other than a relative.

	INADEQUATE BASIS FOR JUDGMENT	BELOW AVERAGE	SATISFACTORY	ABOVE AVERAGE	SUPERIOR
Scholarship					
Demeanor					
Oral Communication Skills					
Written Communication Skills					
Work Habits					
Sense of Responsibility					
Judgment					
Self-Confidence					
Interpersonal Skills					
Potential Leadership					
Organizational Skills					
Decision-Making Skills					

How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_  
 DATE PRINTED NAME SIGNATURE

\_\_\_\_\_  
 TITLE ORGANIZATION/DEPARTMENT

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 PROFESSIONAL / ACADEMIC RELATIONSHIP TO APPLICANT