



# RECOMMENDATION FORM *for* GRADUATE ADMISSION

### APPLICANT:

(Note: Recommendations will also be accepted on letterhead from the recommender. However, if you wish to use this form, it may be duplicated.)

**Please complete the top portion of the form and give it to your recommender.** You should select a person able to evaluate your qualifications for graduate study in the program to which you are applying. For his/her convenience, you should provide a stamped envelope addressed to the FDU campus to which you are applying for admission. Please check the appropriate campus:

- Metropolitan Campus**  
Graduate Admissions Office, Fairleigh Dickinson University  
1000 River Road, T-KB1-01, Teaneck, NJ 07666
- College at Florham**  
Graduate Admissions Office, Fairleigh Dickinson University  
285 Madison Avenue, M-MS1-03, Madison, NJ 07940

Name \_\_\_\_\_  
Last First M.I. Maiden Name

Degree program sought: \_\_\_\_\_

Name of person submitting student's recommendation: \_\_\_\_\_

**Confidentiality:** This form will be retained in the student's file, should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include such forms as this. Fairleigh Dickinson University does not provide access to admissions records to applicants, students who are denied admission or students who decline an offer of admission. Many thanks for your comments and assistance.

\_\_\_\_\_  
Applicant's Signature Date

### RECOMMENDER:

Your candid responses will help to evaluate the applicant's qualifications for admission to the graduate program listed above. Thank you for completing this form.

1) How long have you known the applicant and in what capacity?

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2) Based upon your observation, how would you rate the applicant on the following characteristics:

SKILLS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Analytical Reasoning Skills					
Verbal Skills					
Writing Skills					
Research Skills					
Maturity					
Leadership					
Responsibility					

3) How would you endorse the applicant's request for admission?

- Highly Recommend     
  Recommend     
  Recommend with Reservation  
 Do Not Recommend     
  No Basis for Recommendation

4) Please indicate below or attach a separate page for other information you may wish to provide, including an explanation of the overall recommendation checked in #3 or other characteristics related to success in the applicant's proposed field of study.

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Recommender's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Institution or Affiliation \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_