RECOMMENDATION FORM

To be completed by applicant:

Name ___________________________ RMU No. ____________

Last First Middle

Please list the master’s degree program to which you are applying to: _____________________________________________

I agree that the recommendation I am requesting shall be held in confidence by officials at Robert Morris University and I hereby waive any rights to examine it. □ Yes □ No

Applicant’s Signature ___________________________ Date ____________

To be completed by person providing recommendation:

Name ___________________________

Title ___________________________ Organization ____________________________

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

________________________________________________________________________________________________________

2. Are you aware of the applicant’s academic record? □ Yes □ No

3. Do you feel that the applicant is prepared for the rigorous challenges of a graduate degree program? (Please explain)

________________________________________________________________________________________________________

4. Please rate the applicant in the following areas using the following scale:

1) Excellent 2) Good 3) Average 4) Poor 5) Unable to judge

     ______ Written communication skills   ______ Oral communication skills

     ______ Quantitative skills   ______ Problem-solving skills

     ______ Decision-making skills   ______ Ability to work with others

5. Summary evaluation. Please indicate your overall recommendation for this applicant:

□ Highly recommend □ Recommend □ Recommend with reservation □ Do not recommend

6. □ Please check here if you have chosen to add additional comments on the back of this form.

Signature ___________________________ Date ____________

RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.
The applicant must submit it unopened to the Graduate Admissions Office for review with their application.
# RECOMMENDATION FORM

To be completed by applicant:

Name ________________________________

RMU No. ________________________________

Last  First  Middle

Please list the master’s degree program to which you are applying to:

________________________________________________________________________

I agree that the recommendation I am requesting shall be held in confidence by officials at Robert Morris University and I hereby waive any rights to examine it.  

Yes  No

Applicant’s Signature ________________________________ Date ________________________________

To be completed by person providing recommendation:

Name ________________________________

Title ________________________________ Organization ________________________________

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

________________________________________________________________________

2. Are you aware of the applicant’s academic record?  

Yes  No

3. Do you feel that the applicant is prepared for the rigorous challenges of a graduate degree program?  *(Please explain)*

________________________________________________________________________

4. Please rate the applicant in the following areas using the following scale:

1) Excellent  2) Good  3) Average  4) Poor  5) Unable to judge

_____ Written communication skills  _____ Oral communication skills

_____ Quantitative skills  _____ Problem-solving skills

_____ Decision-making skills  _____ Ability to work with others

5. Summary evaluation. Please indicate your overall recommendation for this applicant:

Highly recommend  Recommend  Recommend with reservation  Do not recommend

6. Please check here if you have chosen to add additional comments on the back of this form.

Signature ________________________________ Date ________________________________

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