

# ST. BONAVENTURE

## UNIVERSITY

Founded 1858

### SCHOOL OF GRADUATE STUDIES

### RECOMMENDATION

**Applicant: Complete this top section**

Date \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

1. Name of applicant \_\_\_\_\_

2. Graduate program to which application is being made \_\_\_\_\_

3. (Optional) I hereby waive my right of access to the material recorded below:

Signature of applicant \_\_\_\_\_

**TO THE RESPONDENT:** Please offer your assessment of this candidate's motivation, intellectual ability, maturity, character and promise for productive scholarship and/or professional achievement. Also, please check the spaces below for comparative assessment. (Please continue on the other side of this sheet if more room is needed.)

Compared to people I have taught or with whom I have worked, I rate this candidate as follows:

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Academic Preparation					
Motivation					
Maturity					
Teaching Ability					

I have known this applicant for approximately \_\_\_\_\_ years. During this time, I have been the applicant's \_\_\_\_\_ professor, \_\_\_\_\_ adviser/mentor, \_\_\_\_\_ supervisor, \_\_\_\_\_ colleague, \_\_\_\_\_ other (please specify) \_\_\_\_\_

In sum, I offer a \_\_\_\_\_ very strong \_\_\_\_\_ average \_\_\_\_\_ below average recommendation.

Respondent's signature \_\_\_\_\_ Title \_\_\_\_\_

Name (printed or typed) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone \_\_\_\_\_

*Send completed form to Office of Graduate Admissions, P.O. Box 2520, St. Bonaventure, NY 14778 or fax to 716-375-4015*