
Confidential Recommendation for Graduate Studies

Directions for the applicant:

Please print or type the information below. This form should then be given to individuals, such as professors and/or employment supervisors, who are familiar with your academic performance/professional background and are able to comment on your qualifications for a master's degree at Ursuline College. For additional copies, you may photocopy this form or find a printable version online at ursuline.edu. All recommendations become the property of Ursuline College and cannot be returned to the applicant nor forwarded to a third party.

This form is to be returned directly to Ursuline College by the recommender. For the convenience of the recommender, please include a stamped envelope addressed to:

Ursuline College, Office of Graduate Admission, 2550 Lander Road, Pepper Pike, OH 44124

Applicant's Name: _____
Applicant's Address: _____ City: _____ State: _____ Zip: _____
Applicant's Phone: () _____
Applicant's Email: _____

Program to which admission is being sought: _____

The applicant must complete this section before providing the form to the recommender. The Family Educational Rights and Privacy Act and its amendments give registered students the right to see all references submitted with an application for admission, unless the right to such access has been waived. Recommendation letters received by Graduate Studies without the signature of the applicant will be considered confidential.

- I waive my right to inspect the contents of the following recommendation.
- I do not waive my right to inspect the contents of the following recommendation.

Signature: _____ Date: _____



Directions for the recommender:

The above named person is applying for admissions to the above noted master’s degree at Ursuline College. The program places a strong emphasis on reflective practice, collaborative learning, interpersonal relationships, and scholarship. We appreciate your candid assessment of the applicant’s potential for the successful completion of this program. Your comments will be held completely confidential if the applicant has waived his or her rights. Your comments are an important component of the applicant’s admissions packet. If you need to use additional sheets of paper, please staple them to this form. If you have questions, please contact the Office of Graduate Admission at 440 646 8119. Thank you for your professional assessment of the candidate.

This form is to be returned directly to Ursuline College by the recommender. Recommendation forms should be mailed directly to: Ursuline College, Office of Graduate Admission, 2550 Lander Road, Pepper Pike, OH 44124

To be completed by the recommender:

Name of recommender: _____

How long have you known the applicant? _____

What is/was your relationship with the applicant? _____

Please rate the applicant’s ability and professional competence on the factors listed below.

Factor	Outstanding	Good	Average	Below Average	Unable to Evaluate
Academic Performance					
Knowledge of current professional field					
Ability to think critically					
Oral and written communication					
Receptive to feedback					
Ability to work independently					
Flexibility					
Initiative					
Integrity					
Professional competence					
Problem solving					

What is your assessment of the applicant’s promise as a graduate student seeking a master’s degree? Please comment on what you think his/her most significant and relevant strengths and/or weaknesses.

Recommender’s Signature: _____

Title: _____

Place of Employment: _____

Phone: _____ Email: _____

Please forward this form to Ursuline College, Office of Graduate Admission, 2550 Lander Road, Pepper Pike, OH 44124 within TWO WEEKS of receipt.

Thank you for your time and consideration.

