



# Recommendation for Graduate Study

## To the Applicant

Professional recommendations must be from faculty with whom you have studied OR a supervisor in an employment situation. Personal references (from friends, relatives, etc.) are not acceptable.

Please fill in your name and the term for which you are applying. Forward the recommendation form to the recommender. The confidentiality waiver option MUST be signed.

Name of Applicant \_\_\_\_\_

I, the above-named applicant, waive \_\_\_\_\_ do not waive \_\_\_\_\_ any right I have to read or obtain copies of this recommendation after it has been completed by my recommender.

Signature of Applicant \_\_\_\_\_

Applicant's e-mail Address \_\_\_\_\_ Phone: \_\_\_\_\_

## To the Recommender

The person named above is applying for admission to a graduate program at Iona College. You will greatly assist the admissions committee in their assessment of the applicant by providing candid responses to the items below. If you wish to use a letter or different format, please do so.

Thank you for the time and effort involved in completing this form.

Name of Recommender \_\_\_\_\_

How long have you known the applicant and under what circumstances? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's most outstanding qualities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's chief liabilities/weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's capacity for graduate work and his or her potential for success in this field \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### About the Applicant

Please compare the applicant to those you have known during your career:

	Excellent	Above Average	Average	Below Average	Weak	Can't Answer
<b>Maturity</b>						
<b>Initiative</b>						
<b>Ability to Work with Others</b>						
<b>Intelligence</b>						
<b>Analytic Thinking</b>						
<b>Writing Ability</b>						
<b>Emotional Stability</b>						

Please make any comments you feel may be helpful in assessing this candidate for admission

\_\_\_\_\_  
\_\_\_\_\_

Your name \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Please return to the office checked below (to be indicated by applicant)

- Iona College  
Office of Graduate Admissions  
715 North Avenue  
New Rochelle, NY 10801  
(914) 633-2502
- Hagan School of Business MBA
- Graduate School of Arts and Science

- Iona College  
Rockland Graduate Center  
2 Blue Hill Plaza, Concourse Level  
PO Box 1522  
Pearl River, NY 10965  
(845) 620-1350
- Hagan School of Business MBA
- Graduate School of Arts and Science