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 ____________________________________________________________________________

The above-mentioned applicant, ☐ waives ☐ does not waive any right 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? _____________________________________________________

____________________________________________________________________________________________________

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

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<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Weak</th>
<th>Can’t Answer</th>
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<td>Maturity</td>
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<td>Initiative</td>
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<td>Ability to Work with Others</td>
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<td>Emotional Stability</td>
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Please make any comments you feel may be helpful in assessing this candidate for admission

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Your Name________________________

Position/Title_____________________

Organization_______________________

Address____________________________

Signature__________________________

Phone______________________________  E-Mail_______________________

Please return to the office below:

Iona College
Office of Graduate Admissions
715 North Avenue
New Rochelle, NY 10801
(914) 633-2502