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?  __________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
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:

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<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>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 checked below (to be indicated by applicant)

☐ Iona College
   Hagan School of Business
   715 North Avenue
   New Rochelle, NY 10801
   (914) 633-2502

☐ Iona College
   Rockland Graduate Center
   2 Blue Hill Plaza, Concourse Level
   PO Box 1522
   Pearl River, NY 10965
   (845) 620-1350