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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<tr>
<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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<tbody>
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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:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

My overall recommendation of this candidate is:  ☐ I recommend with no reservation
☐ I recommend with slight reservation
☐ I recommend with significant reservation
☐ I do not recommend this applicant

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