

Graduate Studies Recommendation Form

To be completed by Applicant:

Semester: Spring 20__ Summer 20__ Fall 20__

Program: M.B.A. M.S. in Fashion Apparel Studies M.B.A./M.S. in Taxation
 One-year Day M.B.A. B.S./M.S. in Textile Design M.S. in Taxation
 B.S./M.B.A. Program M.S. in Textile Design Pre-Master's Certificate
 M.S. in Instructional Design and Technology M.B.A. in Textile and Apparel Marketing (online program) Post-Baccalaureate Certificate in Midwifery
 M.S. in Midwifery M.S. in Textile Engineering Post-Master's Certificate
 M.S. in Occupational Therapy M.B.A./M.S. in Instructional Design and Technology M.S. in Digital Design
 B.S./M.S. in Fashion Apparel Studies M.S. in Disaster Medicine and Management

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE

Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

Phone: (____) _____ (____) _____
HOME CELL EMAIL

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may waive their right of access to recommendations. The choice of the applicant regarding this recommendation is indicated below.

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

Signature _____ Date _____

To the recommender:

The person whose name appears above has applied to the graduate studies program at Philadelphia University. Your appraisal of the applicant's academic ability, character, and likelihood of success in the program will help us in making an admission decision. Please complete and return this form at your earliest convenience. **(If you wish to add additional comments, please do so on the reverse side of the page.)**

1. How long have you known the applicant and in what relationship? From _____ To _____

2. Please give us your appraisal of the applicant in terms of the qualities listed below.

Qualifications	Excellent	Above Average	Average	Below Average	No basis for judgment
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I Recommend without reservation recommend do not recommend this applicant to be admitted to the graduate studies program.

4. Recommender's signature _____ Date _____

Recommender's name _____ Employer _____ Position _____

Home address _____ Phone (____) _____

City _____ State _____ Zip _____ Email _____

Please return to: Director of Graduate Admissions, Philadelphia University, School House Lane and Henry Avenue, Philadelphia, PA 19144-5497. Telephone: (215) 951-2943