

UNION GRADUATE COLLEGE

School of Education Applicant's Letter of Recommendation

Union Graduate College
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Schenectady, New York 12308

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PART A: TO BE COMPLETED BY APPLICANT.

I hereby waive my right of access to information recorded on this form/supplemental sheets.

I do not waive my right of access.

Applicant's Name _____

LAST

FIRST

MIDDLE/MAIDEN

Phone Number () _____

Email _____

Address of Applicant _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Intended Program of Study/Degree _____

Applicant's Signature _____ Date _____

PART B: NARRATIVE. TO BE COMPLETED BY RECOMMENDER.

Name of Recommender _____

NAME

ORGANIZATION

POSITION HELD

PHONE

Address of Recommender _____

NUMBER

STREET

CITY

STATE

ZIP CODE

How long and in what capacity have you known the applicant? _____

Using the chart below, please rank the applicant relative to other students or employees you have known in a similar capacity.

	Not Observed	Weak Lower 50%	Fair Top 50%	Good Top 25%	Outstanding Top 2%
Intellectual potential					
Ability to work with others					
Maturity					
Self-confidence					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and formulate a solution					
Ability to receive and use critical feedback					

Please provide a frank assessment of the applicant on the attached sheet or in a separate letter on your letterhead. The Committee on Admissions seeks your opinion regarding the applicant's character, personality and your judgment regarding his/her ability to master advanced study in his/her chosen field. A candid description of the applicant's strengths and weaknesses is most helpful.

NARRATIVE:

Signature _____ Date _____

DO NOT RETURN THIS FORM TO THE APPLICANT. PLEASE SEND IT DIRECTLY TO:
Admissions Coordinator, Union Graduate College, 80 Nott Terrace, Schenectady, NY 12308