

# UNION GRADUATE COLLEGE

## School of Management Applicant's Letter of Recommendation

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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? \_\_\_\_\_

Email of Recommender: \_\_\_\_\_

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

|  | Not Observed | Weak<br>Lower 50% | Fair<br>Top 50% | Good<br>Top 25% | Outstanding<br>Top 2% |
|--|--------------|-------------------|-----------------|-----------------|-----------------------|
| Intellectual potential                                   |              |                   |                 |                 |                       |
| Ability to work with others                              |              |                   |                 |                 |                       |
| Maturity   |              |                   |                 |                 |                       |
| Self-confidence  |              |                   |                 |                 |                       |
| Oral communication skills                                |              |                   |                 |                 |                       |
| Written communication skills                             |              |                   |                 |                 |                       |
| Ability to analyze a problem<br>and formulate a solution |              |                   |                 |                 |                       |
| Motivation for proposed program of study                 |              |                   |                 |                 |                       |
| Potential for career advancement                         |              |                   |                 |                 |                       |

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.

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**NARRATIVE.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

**RETURN THIS FORM TO THE APPLICANT IN THE ENCLOSED ENVELOPE. PLEASE SEAL THE ENVELOPE AND WRITE YOUR SIGNATURE ACROSS THE FLAP.**