
Recommendation Form

(Not required for MS in Information Assurance applicants)

Applicant: Please print or type your name, address and the degree for which you are applying.
Give this form to a colleague or supervisor who knows your work in a professional setting.

Applicant Name _____
Last First MI Prior Name

Degree _____

Address _____
Street City State Zip Country

To The Person Completing This Recommendation:

The person whose name appears above is applying for admission to a graduate program at Regis University. In our consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen. This recommendation will be used only for admissions purposes; it will not be made a part of the student's educational record and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility.

Please return this form to the student in a sealed envelope with your signature across the sealed flap. All sections must be completed. If you need additional space, please attach separate page.

Name of person completing this form _____

Position/Title _____

Organization _____

Telephone: Work: _____ Home: _____

Address _____
City State Zip

How long have you known the applicant? Years _____ Months _____

Under what circumstances have you worked with the applicant? _____

May we contact you regarding this applicant? Yes _____ No _____

Please complete the other side

Describe the applicant's ability to communicate orally and in writing. If applicant is from a non-English-speaking country, how well does he or she understand, write, and speak English? _____

What characteristics of the applicant lead you to believe that he/she is ready for graduate level study? _____

Please rate the applicant as compared to his or her peers.

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Flexibility/Adaptability						
Initiative						
Leadership Potential						
Self-Confidence						
Maturity						
Motivation						
Personal Integrity						
Analytical Skills						
Intellectual Ability						
Ability to Overcome Obstacles						
Creativity						
Ability to Work with Others						
Openness to New Ideas						
Planning Skills/Time Management						
Goal Oriented						

Of the attributes and abilities evaluated above, please comment on:

A) Applicant's area of greatest strength. B) Areas where applicant could use greatest development.

A) _____

B) _____

Please indicate your overall recommendation of this applicant for graduate school work.

Strongly Recommend ____ Recommend ____ Recommend with Reservations ____ Do Not Recommend ____

We realize that considerable time and effort may be involved in preparing this evaluation and we greatly appreciate your help. **Please return this form to the applicant in a sealed envelope with your signature across the seal.** The applicant will then submit the sealed, signed envelope as part of the completed application package to the Graduate Admissions Office.

Signature: _____ Date: _____