



EMMANUEL COLLEGE

GRADUATE AND PROFESSIONAL PROGRAMS

RECOMMENDATION FORM

Please indicate the degree or certificate you wish to pursue:

UNDERGRADUATE DEGREES

- Bachelor of Science in Business Administration (BSBA)
- Bachelor of Science in Nursing (BSN)

UNDERGRADUATE CERTIFICATES

- Certificate in Management (BMC)
- Certificate in Health Care Management (HCM)
- Certificate in Project Management for Clinicians (PMN)

APPLICANT SECTION

One of your recommendations should be from a current supervisor. Please instruct each of your recommenders to either return this form to you in a sealed envelope with their signature across the seal, or have them send it directly to Graduate and Professional Programs at Emmanuel College.

| | | | |
|--------------------------|-------------------|----------------|----------|
| Applicant's Last Name | First | Middle/Maiden | |
| Permanent Address Street | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | E-mail Address | |

This recommendation will become part of your application file and will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act, you have the right, if you enroll at Emmanuel College, to review your educational records. This act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right, and sign your name.

I waive do not waive the right of access that I may have to this recommendation form.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

RECOMMENDER SECTION

Your assessment of the applicant is of great assistance to Graduate and Professional Programs. We request that you candidly respond to the following questions. If additional space is required, please attach a separate sheet. You may either return this to the applicant in a sealed envelope with your signature across the seal, or send it directly to Emmanuel College, Graduate and Professional Programs, 400 The Fenway, Boston, MA 02115.

Under the Family Educational Rights and Privacy Act, the applicant named above may have access to this recommendation upon matriculation, unless he or she has waived the right.

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Recommender's Name

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Title

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Company

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Address

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City

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State

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Zip Code

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Daytime Telephone

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E-mail

1. How long, and in what capacity, have you known the applicant?

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2. Please comment on the applicant's ability to write clearly and competently, and on her/his ability to make effective oral presentations (If English is not the applicant's native language, please comment on her/his oral and written proficiency in English).

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3. Please comment on the applicant's strengths and weaknesses.

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

| Attributes and Abilities | Poor | Good | Excellent | Comments |
|-----------------------------|-----------------------|-----------------------|-----------------------|----------|
| Intellectual ability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Professional competence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Reliability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Oral and written skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Self-confidence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Analytical skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Ability to work with others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Goal-oriented | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

5. Any additional observations you may wish to make concerning the applicant's capacity for academic work in an intensive study program would be appreciated.

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Please indicate your overall assessment:

- Strongly recommend Recommend Recommend with reservations Do not recommend

Please sign the completed form:

.....
Recommender's Signature

.....
Date