



# EMMANUEL COLLEGE

## GRADUATE AND PROFESSIONAL PROGRAMS

### RECOMMENDATION FORM

Please indicate the degree you wish to pursue:

#### UNDERGRADUATE DEGREES

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

#### APPLICANT SECTION

One of your recommendations should be from a current supervisor or colleague. 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 this form directly to Graduate and Professional Programs at Emmanuel College by mail, fax, or e-mail attachment. A letter of recommendation (on institutional letterhead) is not required but may be attached to this form.

.....  
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

If additional space is required, please attach a separate letter on institutional letterhead to this form. You may return this form to the applicant in a sealed envelope with your signature across the seal, send it directly to **Emmanuel College, Graduate and Professional Programs, 400 The Fenway, Boston, MA 02115**, fax it to 617-507-0434, or send this form as an e-mail attachment to [gpp@emmanuel.edu](mailto:gpp@emmanuel.edu).

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

.....  
Recommender's Name Title

.....  
Company

.....  
Address City State Zip Code

.....  
Daytime Telephone 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