SAINT MARY-OF-THE-WOODS COLLEGE

Graduate Studies
Recommendation Form

PLEASE NOTE: BOTH THIS FORM AND A SEPARATE NARRATIVE LETTER ARE REQUIRED FOR RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT):

Name_____
First Middle Last Married/Maiden

Address_____
Street & Number City State Zip

Program: _____

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380 students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.
☐I waive my right of access to this recommendation ☐I do not waive my right of access to this recommendation.

_____
(Signature of applicant) (Date)

TO BE COMPLETED BY THE RECOMMENDER (PLEASE PRINT)

Name: _____ Email:_____

Employer and Title: _____

Address: _____
Street & Number City State Zip

How long have you know the applicant? _____

In what capacity(s) _____

Use the following scale to evaluate the applicant in each area listed below.
1. Below Average 2. Average 3. Above Average 4. Outstanding NA-No Data Available

___ Speaking Ability ___ Writing Ability ___ Creativity ___ Ability to Work Independently

___ Judgment ___ Initiative ___ Integrity ___ Potential for Graduate Work

___ Dependability ___ Perseverance ___ Dedication ___Ability to Work with Others

Please provide a written assessment of the applicant's preparation and aptitude for success in their intended area of study.

_____
(Signature of Recommender) (Date)

Please return the completed form and written assessment to:
By Mail: Office of Graduate Admission or By Email: GradAdms@smwc.edu
1 Saint Mary of Wood Coll
Saint Mary of the Woods, IN 47876-1099