



# Gwynedd-Mercy College

## Reference Report on the Applicant for Graduate Education Admission

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Program for which you are applying \_\_\_\_\_

\_\_\_\_ I waive my right to view this letter of recommendation in my file.

\_\_\_\_ I do not waive my right to view this letter of recommendation in my file.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Respondent \_\_\_\_\_

Institution or Firm \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

For how many years have you known the applicant? \_\_\_\_\_

In what capacities have you known the applicant? \_\_\_\_\_

How well do you know the applicant?

Very Well       Fairly Well       Slightly

Please rate the applicant on each of the following characteristics. Indicate any additional comments which would be of assistance in evaluating this applicant's potential.

SCHOLASTIC ABILITY	Excellent	Very Good	Good	Unsatisfactory	No Chance to Observe
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Ability to Work Independently					
PERSONAL CHARACTERISTICS					
Adaptable					
Dependable					
Self-confident					
Responsible					
Cooperative					

My Recommendation is:  Strong and Without Reservation       With Confidence

With Reservation       I Do Not Recommend

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

Please return to: Gwynedd-Mercy College, Graduate Education

1325 Sumneytown Pike

P.O. Box 901

Gwynedd Valley, PA 19427

215-646-7300 ext. 175