



Gwynedd-Mercy College

CENTER FOR LIFELONG LEARNING

Reference Report on the Application 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 review this letter of recommendation in my file.

_____ I do not waive my right to review this letter of recommendation in my file.

Signature Date

Name of Respondent: _____

Institution or Firm: _____ Position: _____

Business Address: _____

For how many years have you known the applicant? _____

In what capacity 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 the applicant's potential.

	Excellent	Very Good	Good	Unsatisfactory	No Chance to Observe
Scholastic Ability					
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Personal Characteristics					
Adaptable					
Dependable					
Self-Confident					
Responsive					
Cooperative					

My recommendation is: () Strong and Without Reservation () With Confidence () With Reservation () I do not recommend

Signature: _____ Date: _____

Please Return To:

Gwynedd Mercy College • Center for Lifelong Learning

125 Virginia Drive • Suite 250 • Fort Washington, PA 19034-3206 • Tel: 1-877-499-6333 • Fax: 215-643-9104