

MASTER'S DEGREE RECOMMENDATION FORM



To be completed by applicant:

Name _____

Please list the master's degree program to which you are applying to:

I agree that the recommendation I am requesting shall be held in confidence by officials at Robert Morris University and I hereby waive any rights to examine it. ☐ Yes ☐ No

Applicant's Signature _____

Date _____

To be completed by person providing recommendation:

Name _____

Title _____

Organization _____

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

2. Are you aware of the applicant's academic record? ☐ Yes ☐ No

3. Do you feel that the applicant is prepared for the rigorous challenges of a graduate degree program? *(Please explain)*

4. Please rate the applicant in the following areas using the following scale:

1) Excellent 2) Good 3) Average 4) Poor 5) Unable to judge

_____ Written communication skills

_____ Oral communication skills

_____ Quantitative skills

_____ Problem-solving skills

_____ Decision-making skills

_____ Ability to work with others

5. Summary evaluation. Please indicate your overall recommendation for this applicant:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

6. ☐ Please check here if you have chosen to add additional comments.

Signature _____

Date _____

RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.
The applicant must submit it unopened to the Graduate Admissions Office for review with their application.