



RECOMMENDATION FORM

To be completed by applicant:

Name _____ RMU No. _____
Last First Middle

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 on the back of this form.

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.