

# MASTER'S DEGREE RECOMMENDATION FORM



*To be completed by applicant:*

Name \_\_\_\_\_ RMU No. \_\_\_\_\_

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.