MASTER’S DEGREE RECOMMENDATION FORM

(please print or type)

To be completed by applicant:

Name

(Last)     (First)    (Middle)

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

I agree the recommendation I am requesting shall be held in confidence by officials of Robert Morris University and I hereby waive any rights to examine it.

☐ Yes   ☐ No

Applicant’s Signature            Date

Provide form to recommender with envelope addressed to: Graduate Enrollment Office, Robert Morris University, 6001 University Blvd., Moon Township, PA 15108.

Recommender

Title

Organization         Phone

Address

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 academically for the challenges of a master’s degree program?  ☐ Yes   ☐ No

4. Do you feel that the applicant is prepared emotionally for the challenges of a master’s degree program?  ☐ Yes   ☐ No

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<th>Written communication skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to judge</th>
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<td>Oral communication skills</td>
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<td>Quantitative skills</td>
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<td>Problem-solving skills</td>
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<td>Decision-making skills</td>
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<td>Ability to work with others</td>
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5. Do you consider the applicant’s achievements thus far to be a true indication of his/her ability?  ☐ Yes   ☐ No  Please explain your response:

(over)
6. Summary Evaluation. Please indicate your overall recommendation for this applicant.

- Highly recommend  - Recommend  - Recommend with reservation  - Do not recommend

7. Please provide a written evaluation of the applicant for the Graduate Admission Committee. Your candid assessment of the applicant’s potential for success both academically and professionally would be most helpful to the committee in its selection process.