

UNION GRADUATE COLLEGE

School of Management Applicant's Letter of Recommendation

Union Graduate College
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PART A: TO BE COMPLETED BY APPLICANT.

- I hereby waive my right of access to information recorded on this form/supplemental sheets.
- I do not waive my right of access.

Applicant's Name _____
LAST FIRST MIDDLE/MAIDEN

Phone Number () _____

Email _____

Address of Applicant _____
NUMBER STREET CITY STATE ZIP CODE

Intended Program of Study/Degree _____

Applicant's Signature _____ Date _____

PART B: NARRATIVE. TO BE COMPLETED BY RECOMMENDER.

Name of Recommender _____
NAME ORGANIZATION POSITION HELD PHONE

Address of Recommender _____
NUMBER STREET CITY STATE ZIP CODE

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

Email of Recommender: _____

Using the chart below, please rank the applicant relative to other students or employees you have known in a similar capacity.

	Not Observed	Weak Lower 50%	Fair Top 50%	Good Top 25%	Outstanding Top 2%
Intellectual potential					
Ability to work with others					
Maturity					
Self-confidence					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and formulate a solution					
Motivation for proposed program of study					
Potential for career advancement					

Please provide a frank assessment of the applicant on the attached sheet or in a separate letter on your letterhead. The Committee on Admissions seeks your opinion regarding the applicant's character, personality and your judgment regarding his/her ability to master advanced study in his/her chosen field. A candid description of the applicant's strengths and weaknesses is most helpful.

NARRATIVE.

Signature_____ Date_____

**RETURN THIS FORM TO THE APPLICANT IN THE ENCLOSED ENVELOPE. PLEASE SEAL THE ENVELOPE AND WRITE YOUR SIGNATURE
ACROSS THE FLAP.**

07/2009
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