



Master of Science Program

RECOMMENDATION FORM

WILKES-BARRE, PENNSYLVANIA 18711
(570) 208-5991 FAX (570) 208-8027

Date received (FOR OFFICIAL USE)

To be printed or typed by the Applicant

Name _____
First Middle (maiden) Last

Current Address _____
Number and street

City _____ State _____ Zip _____ Telephone _____

Social Security Number (U.S. citizens only) _____

Read the statement below and, if you choose, sign it where indicated.

The Family Education Rights and Privacy Act of 1974 entitles King's graduate students to have access to letters of evaluation in their permanent record file. The applicant may waive this right of access to letters of evaluation, in which case letters of evaluation will be considered confidential and will not be available to the student. If you wish to waive your right of access to this letter of evaluation, please so indicate by signing your name on the line below the following statement.

I, the undersigned, hereby waive all rights and privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that the observations made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credentials file may be addressed.

Applicant's Signature

Date

To be printed or typed by the Recommender (continued on next page)

The person named above is an applicant to the King's College Master of Science Program. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected. You will greatly assist the members of the committee and the applicant by providing candid responses to the items on the form. It is equally acceptable to respond to these questions in letter form, but should you choose this format, please fill out the information in this box and staple the letter to the back of this form. It is recommended that you keep a copy for your files in case the original should be lost in the mail. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way.

Please return the form to: King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711

Name of Recommender: _____

Position/Title: _____ School/Firm: _____

Address: _____

Note to College Placement Offices

If your office maintains a confidential file for students and alumni, it is acceptable to forward such files directly to our office. Please attach this form to the file.

Evaluation

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

Please compare the applicant on the scale below with others you have known during your professional career. Indicate the reference group you have in mind: _____

	Exceptional (Top 2%)	Outstanding (Top 10%)	Excellent (Top 20%)	Good (Top 1/3)	Average (Middle 1/3)	Poor (Bottom 1/3)	Unable to Judge
Intellectual ability							
Leadership potential							
Ability to work with others							
Analytical ability							
Initiative							
Motivation for proposed program of study							
Potential for career advancement							
Oral communication skills							
Written communication skills							
Maturity							
Self-confidence							

Comments

Please comment on above ratings and feel free to make additional statements concerning the candidate's integrity, achievement, managerial potential and other personal qualities. Attach an additional sheet if necessary.

Signature _____

Date _____