

Graduate Recommendation Form

OFFICE OF ADMISSION



TO THE APPLICANT:

Please provide this form to your recommender.

Name: _____

Program to which you are applying: _____

TO THE RECOMMENDER:

Your perspective is important to us, as is the conviction and enthusiasm with which you support the applicant's application. It is also necessary that we know as much as possible about the applicant's capacity for rigorous graduate study.

Please address the following in a letter and attach it to this form.

1. Define your relationship to the applicant and describe the circumstances under which you have known him or her.
2. Note what you believe are the applicant's strengths.
3. Describe areas where the applicant can improve and what he or she has done to address these issues.
4. If English is not the applicant's native language, please comment on his or her oral and written proficiency.
5. Please add any additional comments regarding the applicant that you think would assist the Graduate Admission Committee in making its decision.

CONFIDENTIAL RECOMMENDATION FORM:

Please indicate your overall recommendation for this applicant:

- Strongly recommend Recommend Recommend with some reservations Do not recommend

RECOMMENDER INFORMATION:

Name of recommender: _____

Job title: _____ Organization: _____

Telephone: _____ E-mail: _____

May we contact you regarding the applicant? Yes No

Signature of recommender

Date

Please return this form via regular mail, e-mail or fax with your response to the questions.

We appreciate your cooperation and assistance.

Office of Admission : 512-448-8500 : seu.admit@stedwards.edu : fax 512-464-8877

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