RECOMMENDATION FOR GRADUATE STUDIES

Recommender Guidelines: Please be advised, all recommendations must come in a sealed, signed envelope and should be an academic or professional reference from someone who has supervised your academic or work performance and is capable of assessing your potential as a graduate student.

TO THE APPLICANT

Complete this section (please print or type) and ask your recommender to complete the rest of the form and return it to the address indicated.

Name ____________________________________________________________________________________________________________________________________________

Address ____________________________________________________________________________________________________________________________________________

Home phone __________________________ Work phone __________________________

Mobile phone __________________________ E-mail address __________________________

Program for which you are applying:

☐ Accounting
☐ Biology (MS with thesis)
☐ Biology (MS without thesis)
☐ Business Administration
☐ Communications (Master of Arts in)
☐ Counseling Psychology (Master of Science in)
☐ Counseling Psychology (Doctor of Psychology in)
☐ Creative Writing (MFA, full-residency)
☐ Executive Women’s Leadership (Certificate)
☐ Film and Digital Technology (MFA)
☐ Food Studies
☐ Interior Architecture (Master of)
☐ Landscape Architecture
☐ Landscape Studies
☐ Occupational Therapy
☐ Psychology (MA)
☐ Sustainability
☐ Sustainability Management (Certificate)
☐ Teaching
☐ Other __________________________

Under the Family Education Rights & Privacy Act, you have the right, if you enroll at Chatham, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right.

☐ I waive ☐ I do not waive my right to review this application.

Signature of applicant __________________________________________ Date __________________________

TO THE RECOMMENDER

Please assess the applicant’s potential as a graduate student in the program indicated above and provide additional comments by attaching a letter or using the back of this form.

Assessment of Skills

Academic performance and abilities

Exceptional ☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unable to Judge

Motivation for this program of study

Intellectual maturity and capacity

Research and writing ability

Community service and related activities

How long have you known the applicant? __________________________________________

In what capacity? _____________________________________________________________________

Overall recommendation for graduate study:

☐ I recommend this student ☐ enthusiastically ☐ confidently ☐ with reservations
☐ I do not recommend this student

Please print or type.

Name of recommender ____________________________________________________________________________

Title __________________________________________________________________________________________

Institutional affiliation/address __________________________________________ Telephone __________________________

Signature __________________________________________ Date __________________________

Please return this form to Chatham University, Office of Admission, Woodland Road, Pittsburgh, PA 15232.

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Use this space or include another sheet to provide an additional assessment of the applicant's capability for graduate study.