

SPRINGFIELD COLLEGE

RECOMMENDATION FORM

Please print or type all information.

Section I (to be completed by the applicant)

Name of Applicant: _____ Social Security Number: _____
Last First Middle Initial

Program to which applying for admission: _____

Major/Concentration (if any): _____

Degree sought: Master's Certificate of Advanced Study Doctor of Physical Education

Name of Reference: _____ Relationship to Applicant: _____

Waiver: Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation; Springfield College may, therefore, consider it to be confidential.

Applicant's signature: _____ Date: _____

Section II (To be completed by the reference)

Please complete this recommendation form, sign and date it, and enclose it in an envelope that you seal and sign before returning to the applicant. Once the applicant receives all references, they will be forwarded to the Office of Graduate Admissions at Springfield College. If you have a letter of reference on file for the applicant, it may be attached to this form.

A. This recommendation form will be used primarily for admissions and financial aid purposes. However, unless the waiver has been signed above by the applicant, there may be occasions when the applicant requests to see it and to have a copy made for employment or other purposes.

B. Please rate the applicant in terms of other graduate school candidates whom you have known.

	Upper 5%	Upper 25% but not upper 5%	Upper 50% but not upper 25%	Lower 50%	No basis for rating
Intellectual Capacity					
Imagination and Creativity					
Breadth of General Knowledge					
Ability in Oral Expression					
Clarity and Precision in Written Expression					
Interpersonal Relations					
Perseverance					
Potential for Chosen Career					

Overall, I would rank this student in the top ___ percent of approximately ___ students I have taught in ___ years (if applicable).

C. Please give a general statement of the applicant's intellectual and personal qualifications for successfully completing this graduate program. Include how you have come to know the applicant and for how long. Your appraisal will be of assistance in the review of the application. If you require more space than is provided here, please attach additional pages. We shall appreciate your prompt completion and return of this form.

Signature: _____ Date: _____

Position: _____

Address: _____
