



Graduate School

36600 Schoolcraft Road
Livonia, Michigan 48150-1176
734-432-5667 F: 734-432-5862
grad@madonna.edu
madonna.edu

LETTER OF RECOMMENDATION

Name: _____
 Family Name/Last Given/First Middle

Last Four Digits of Social Security # _____ Expected Date of Enrollment: _____

Name of Program in application _____

OPTIONAL WAIVER OF RIGHTS under the Family Educational Rights and Privacy Act of 1974:

I hereby waive my right to have access to this evaluation form, when completed, and understand that this confidential recommendation will be used only in consideration of my application to The Graduate School at Madonna University.

Signature of Applicant

Date

TO THE RECOMMENDER:

The person whose name appears above is applying to The Graduate School at Madonna University and has requested that your recommendation be included in the information to be reviewed by the Admission Committee. Your objective appraisal of the candidate's qualifications for graduate study will be helpful in determining the applicant's admission status.

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

What qualities or characteristics do you consider to be the applicant's chief strengths?

Do you see any obstacles that may impede the applicant's success in a graduate program?

In order to compare this applicant with others applying for graduate study, we ask that you give us your appraisal of the candidate in terms of the qualities listed below:

Abilities & Traits	Superior	Above Average	Average	Below Average	No Information
Ability to organize & manage					
Ability to work effectively with others					
Sense of responsibility					
Motivation					
Perseverance (ability to complete projects)					
Written communication skills					
Oral communication skills					
Ability to work independently					
Problem-solving skills (i.e., ability to formulate logical solutions to problems)					
Demonstrates respect & courtesy for others who are different than self					

Provide any additional information or comments that you believe would be helpful to the Admission Committee in assessing the candidate's application.

Do you recommend this applicant to The Graduate School at Madonna University?

Highly Recommended

Recommended, but with reservation

Recommended

Not Recommended

Name of Recommender (PRINT): _____

Signature of Recommender: _____

Position or Title (PRINT): _____

Firm or School (PRINT): _____

Please seal this form in your company letterhead envelope, sign over the seal, and return it to the student or send it directly to The Graduate School, Madonna University, 36600 Schoolcraft Rd., Livonia, MI 48150-1176. Thank You.