**GRADUATE ADMISSIONS**



500 Wilcox Street, Joliet, IL 60435 ®

**(800) 735-7500 •** [**www.stfrancis.edu**](http://www.stfrancis.edu/)

LETTER OF RECOMMENDATION

Please give this form to the individual from whom you have requested a recommendation. Two recommendations are

required for admission. You may use people who are familiar with your professional or academic ability.

**THIS PART OF THE FORM TO BE FILLED OUT BY APPLICANT**

Name Social Security Number

Address/City/State/Zip

Telephone: home work

cell fax

Email: personal work

This is an: Academic Recommendation Professional Recommendation (please hightlight one)

Degree program for which you are applying

I waive the right to see this recommendation (check one) Yes No

Signature Date

**THIS PART OF THE FORM TO BE FILLED OUT BY PERSON WRITING RECOMMENDATION**

Name of individual writing recommendation

Title and place of employment

Address/City/State/Zip

How long have you known the applicant?

How well do you know the applicant?

Please give your evaluation of the quality of work of this individual. Include in your comments how developed are following abilities: ability to handle responsibility; intellectual capability; problem-solving ability; conscientiousness in completing assignment; personality and cooperation.

Revised 3/14



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL QUALITIES** | **TOP 10%** | **TOP 25%** | **TOP 50%** | **BELOW**  **50%** | **UNCERTAIN** |
| Potential for graduate studies |  |  |  |  |  |
| Leadership potential |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Ability to analyze problems |  |  |  |  |  |
| Ability to make solutions |  |  |  |  |  |
| Communication skills: Oral |  |  |  |  |  |
| Communication skills: Written |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Signature Date | | | | | |
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