

Admissions Recommendation Form

For the Applicant: Complete the upper portion of this form and give it to your recommender. You should select persons not related to you, such as a course instructor or position supervisor, who are able to assess your academic and/or professional potential in the program to which you are applying. For his/her convenience, you should provide an envelope addressed to **Rowan Global Admissions, Enterprise Center, Suite 200, 225 Rowan Boulevard, Glassboro, NJ 08028**. Ask the recommender to return the envelope (either to you or to the above address) with his/her signature written across the seal. It is best if it is returned directly to you so that you may submit it along with your other application materials. Recommendations may also be emailed to global@rowan.edu provided they are sent from the recommender's professional email address. Rowan University faculty and staff can submit this form electronically via Rowan Self Service.

Name of Applicant _____ SS# or Rowan ID: _____

Program Information (Every item below is required for proper processing.)

Entry point: Fall Spring Summer Year: _____ Module: 1 2 3 4 5 6

Program Name: _____ Program Code: _____ Major Code: _____

Location (Glassboro, Camden, online, etc.): _____ COGS/Focus area/Track/Clinic location (if applicable): _____

Name of Recommender _____
(Please print above the full name and title of the individual completing this letter of recommendation on your behalf)

Family Educational Rights and Privacy Act of 1974 (FERPA): In accordance with federal regulations, materials in student files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not check a response.

I (check one) DO DO NOT waive access to this recommendation.

Applicant's Signature _____

For the Recommender: Your candid response to the questions in this form will help us to evaluate the applicant's qualifications for admission to the program listed above. Please return this completed and signed form (either to the applicant or to the address above) in a sealed envelope with your signature written across the seal. Thank you for providing this information.

RECOMMENDATION

1. How long have you known the applicant? _____

2. In what capacity? _____

3. How do you rate the applicant on the following characteristics in comparison with others with the same level of training?

| FACTOR | OUTSTANDING | SUPERIOR | AVERAGE | BELOW AVERAGE | NO JUDGMENT |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivation for proposed program of study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capacity for independent work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional adjustment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication skills(oral/written) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resourcefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. How do you rate the applicant in overall ability and promise in comparison with others with the same level of training?

Equal to the best in any department Will perform at a superior level whenever admitted Performance should be up to average of most graduate students Qualifications marginal, but warrants consideration Questionable whether admission to graduate study is warranted Unable to judge

Recommender's name (please print) _____

Position/Title _____

School/Company _____

Department _____

Address _____

City State Zip Code

Email address _____

Work phone _____

Recommender's signature _____

Date _____