

Application for  
Graduate/Post-Baccalaureate Study

Montclair State University  
The Office of Graduate  
Admissions & Support Services  
Montclair, NJ 07043

**Part C: Recommendation for Graduate Admission**

*Please type or print in ink.*

**To the applicant:** Please complete this top portion of the form and give it to your recommender. You should select a person able to evaluate your qualification for graduate study in the program to which you are applying (professors and supervisors are excellent choices; friends, family and fellow students are not). For his/her convenience, you should provide a stamped envelope addressed to the Graduate School, Montclair State University, Montclair NJ 07043.

Name of student: \_\_\_\_\_

Social Security/Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate program sought: \_\_\_\_\_

Name of person submitting student's recommendation: \_\_\_\_\_

**Right of Access:** The Federal Family Educational Rights and Privacy Act of 1974 gives enrolled students and graduates the right of access to their records, including letters of recommendation. It is your option to waive your right of access or decline to do so. Please mark the appropriate phrase below indicating your choice of option and sign your name.

- I waive my right to review this recommendation. (This means I give up my right to see the recommendation.)  
 I do not waive my right to review this recommendation. (This means I can see, but not photocopy, the recommendation.)

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the sponsor:** Your candid responses will help us evaluate the applicant's qualifications for admission to the graduate program listed above. Thank you for completing this form in its entirety.

1. How long have you known the applicant? \_\_\_\_\_ Years. In what capacity? \_\_\_\_\_

2. Based upon your observation, how would you rate the applicant on the following characteristics?

| FACTOR                      | TOP 10% | NEXT 10% | AVERAGE | BELOW AVERAGE | NO BASIS FOR JUDGMENT |
|-----------------------------|---------|----------|---------|---------------|-----------------------|
| Analytical reasoning skills |         |          |         |               |                       |
| Verbal Skills               |         |          |         |               |                       |
| Writing Skills              |         |          |         |               |                       |
| Research Skills             |         |          |         |               |                       |
| Maturity                    |         |          |         |               |                       |
| Leadership                  |         |          |         |               |                       |
| Responsibility              |         |          |         |               |                       |

3. All things considered, how would you endorse the applicant's request for admission?

- Highly Recommend       Recommend with reservations       No Basis for recommendation  
 Recommend       Do not recommend

4. Please attach a separate page for other information you may wish to provide, including an explanation of the overall recommendation checked in #3 or other characteristics related to success in the applicant's proposed field of study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution or affiliation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

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