



| Applicant: | | |
|--|------------------|--------|
| Address: | City: | State: |
| Under the Family Educational Rights and Privacy Act of 1974, the at Stevenson University, to review these recommendations, unless this right. | | |
| I hereby waive () do not waive () my right to review this reco | mmendation form. | |
| Applicant Signature: | | Date: |
| | | |
| The Admissions Committee appreciates your responses to the follows: 1. How long and in what capacity have you known the applicant? 2. Please describe the applicant's strengths. | owing questions. | |

Please rate the applicant using the scale below.

3. What do you consider to be the applicant's weaknesses?

| | Outstanding | Above Average | Average | Below Average | Unable to Assess |
|-------------------------------|-------------|---------------|---------|---------------|------------------|
| Motivation | | | | | |
| Leadership capabilities | | | | | |
| Resourcefulness | | | | | |
| Judgment and Maturity | | | | | |
| Ability to work with others | | | | | |
| Breadth of general knowledge | | | | | |
| Quality of written expression | | | | | |
| Potential for graduate study | | | | | |

If you would like to share further information regarding this applicant please attach a separate narrative.

| Name: | | Title: | |
|---------------|-----------------|--------|--------|
| Employer: | E-mail address: | | |
| Address: | | City: | State: |
| Phone number: | _ Signature: | | Date: |

Please return this form to:

Graduate Admissions Office Stevenson University Online 100 Campus Circle Owings Mills, MD 21117

Or email:

SUO-inquiry@stevenson.edu