



# QUINCY

UNIVERSITY

Office of Admissions

1800 College Ave. • Quincy, IL 62301-2699

Ph. 217-228-5215 • Fax: 217-228-5479 • e-mail: admissions@quincy.edu

## Recommendation for Graduate Admission

- Master of Business Administration
- Master of Science in Education in Counseling

- Master of Science in Education
- Master of Arts in Communication

**APPLICANT** \_\_\_\_\_

LAST FIRST MIDDLE

**ADDRESS** \_\_\_\_\_

NUMBER AND STREET CITY STATE COUNTY ZIP CODE

I waive the right to inspect the confidential recommendation when it becomes part of my file at the Quincy University Office of Graduate Admissions.

\_\_\_\_\_

STUDENT SIGNATURE

**DIRECTIONS:** The person named above is applying for admission to Quincy University. You have been chosen by the applicant to submit your comments on the applicant's qualifications for graduate work. The information supplied in this form will be held in strict confidence and will be used only for the purpose of assessing the applicant's qualifications for admission.

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

\_\_\_\_\_

2. Please rate the applicant's potential to do graduate work.

	Superior	Above Average	Average	Below Average	Unable to Judge
Skill in Written Communication					
Skill in Oral Communication					
Mathematical Aptitude					
Intellectual Ability					
Maturity					
Motivation					

3. From your knowledge of the applicant, how would you assess his or her potential for success in this program of study?

\_\_\_\_\_

4. Does this applicant possess any special strengths of which Graduate Admissions Committee should be aware?

5. Have you observed any weaknesses or liabilities which would in any way affect the applicant's performance in this particular graduate program?

6. Recommendation for Admission:

I would strongly recommend.

I would recommend with reservations.

I would recommend.

I would not recommend.

7. If necessary, may we contact you, by telephone, to obtain additional information?  Yes  No

*Thank you for your cooperation and effort in providing this information.*

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

Typed Name \_\_\_\_\_

Position Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_