

# Personal Reference For Graduate Study

## To The Applicant

This section to be completed by the Applicant.

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Last (family/legal name) First (given name)

Cell Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Graduate Program \_\_\_\_\_

*Waiver: Sign one of the two statements before giving this form to the person recommending you.*

1. I understand that the amended Family Educational Rights and Privacy Act provides that the applicant may waive the right to inspect letters of recommendation respecting admission to any educational agency or institution. I hereby waive this right, thus electing to establish a confidential graduate admissions file with Notre Dame de Namur University. I further understand that confidential letters of recommendation will be withheld from me. If I withdraw or revoke this waiver, confidential letters in my file will be withdrawn for return to the writer, and I will not be permitted to inspect them.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

2. I elect to establish a non-confidential (open) graduate admission file with Notre Dame de Namur University. Persons from whom letters of recommendation are solicited will understand that I may have access to them.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## To The Recommender

*The person named above is an applicant for admissions to a graduate program at Notre Dame de Namur University. To evaluate the applicant, please answer the following points. We appreciate your insights and participation in the process.*

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. Please indicate the strengths and weaknesses of the applicant:

	Above Average	Average	Below Average	No Chance to Observe
A. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Potential in Intended Field Career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Based on my observation, this applicant has my:

Strongest recommendation  Recommendation  Recommendation w/ reservation  Limited endorsement

4. Please provide a statement about the applicant's qualifications and suitability for the intended graduate program.

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

Print Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please complete and send this reference to: Notre Dame de Namur University  
Office of Graduate Admissions  
1500 Ralston Avenue  
Belmont, CA 94002-1908