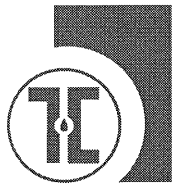


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Recommendation Form

TO THE APPLICANT:

Complete the section below and send this form to your recommender with a self-addressed and stamped envelope.

Name _____
First Last (Family) Middle

Program to which you are applying _____

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right in the case of this recommendation please sign here. Your waiver will in no way affect the decision on your application.

 Signature _____ Date _____

TO THE RECOMMENDER:

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

EVALUATION CHART

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

	Upper 10%	Upper 25%	Upper 50%	Lower 50%	Unable to judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<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"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ASSESSMENT QUESTIONS

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

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.....
.....

2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

.....
.....
.....
.....

3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.


OVERALL OPINION

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

.....
.....

 Signature of Recommender _____ Date _____

Name (type or print) _____ Title _____

Organization _____

Address _____
Number and Street *Apartment*

City *State* *Zip*

RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.

THANK YOU!