

# Applicant Recommendation

## To the Applicant (please type or print)

This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the 1974 Family Educational Rights and Privacy Act, you have the right, if you enroll at Lesley University, to review your educational records. This Act further provides that you may waive your right to see recommendations for admission. Before giving this form to the evaluator, please complete the information requested, indicate whether or not you wish to waive this right, and sign/date in the spaces provided. If you do not indicate your preference, we will assume you have waived your right to view the form.

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Name of Applicant

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Program applying to

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Anticipated degree/certificate

I  waive  do not waive my right of access to this document should I enroll at Lesley University.

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Signature

Date

## To the Evaluator (please type or print)

Your candid evaluation of the above-named applicant would be of assistance to the Admissions Committee. Your willingness to spend time and effort completing this form is greatly appreciated. The questions below suggest the type of information the Admissions Committee finds useful in assessing applications for our programs. If additional space is required, please attach a separate sheet.

**Please Note:** Under the 1974 Family Education Rights to Privacy Act (FERPA), the Applicant named above may have access to this recommendation upon matriculation unless she/he has waived that right.

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Name of Evaluator

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Position/title

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Organization/affiliation

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Address

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Phone (day)

Email

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

2. Please comment on the applicant's ability to write clearly and effectively and on her/his ability to make effective oral presentations.

(If English is not the applicant's native language, how would you rate her/his oral and written proficiency in English?)

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3. To the best of your ability, please rate the candidate in the following areas:

Attribute	Excellent	Above Average	Average	Below Average	Unable to Rate
a. Creativity					
b. Initiative					
c. Reaction to criticism					
d. Sensitivity to others					
e. Leadership					
f. Motivation					
g. Maturity					
h. Ability to work with others					
i. Professional competence/effectiveness					
j. Academic ability or potential					
k. Teaching skills					
l. Research skills					
m. Verbal communication skills					
n. Written communication skills					

4. What strengths and weaknesses of this applicant do you feel will most affect her/his potential to succeed in an academic setting?

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5. The Admissions Committee would appreciate any additional statement(s) you may wish to make concerning the applicant's capacity for academic work and her/his potential for a responsible and successful career.

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6. Please check one of the following to indicate the strength of your overall evaluation:

- Strongly Recommend       Recommend       Recommend with Reservations

Signature

Date

**Note: recommendation is not official unless signed.**

Please sign the completed recommendation form, make a copy for your files, and forward the original in a sealed envelope to:

Lesley University, Graduate and Adult Bachelor's Admissions Services, 29 Everett Street, Cambridge, MA 02138-2790 or fax to: 617.349.8391.