



SAINT • XAVIER • UNIVERSITY

GRADUATE STUDIES RECOMMENDATION FORM

To be completed by applicant (PLEASE PRINT)

Social Security Number: _____

Name _____
Last First Middle

Home Address _____
Street Apt. No. City State ZIP code

Home Phone () _____ Business Phone () _____

E-mail Address _____

Graduate program applied for _____

Optional waiver of rights

I hereby waive my right to have access to this recommendation form. I understand that this confidential recommendation is to be used only in consideration for my admission to a graduate program at Saint Xavier University.

Applicant's signature _____ Date _____

To the recommender

Recommendation forms must be completed by individuals (supervisors, professors, counselors, etc.) who can attest to the applicant's academic competence, professional skills and character.

This applicant to a graduate program at Saint Xavier University has requested that your recommendation be used during the Graduate Admission Committee review process. Your responses to the following questions will assist the committee in making an admission decision. Use a separate sheet of paper if necessary.

Please mail or fax your response to: **Office of Graduate Admission**
Saint Xavier University
3700 West 103rd Street
Chicago, Illinois 60655
Fax (773) 298-3951

(over)

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

2. Describe the applicant's potential for success in graduate studies including academic performance, verbal communication, written communication, breadth of knowledge, maturity, ability to work effectively with others, independence, ability to initiate ideas and actions and capacity for planning.

3. What are the applicant's weaknesses and/or barriers to successful completion of the graduate program?

4. Any additional comments you care to make would be appreciated (you may use a separate sheet of paper).

5. Overall, how do you rate this applicant as a potential candidate for a graduate program at Saint Xavier University?

Highly recommend Recommend Recommend with reservation Do not recommend

(PLEASE PRINT)

Name _____ Title _____

Institution _____ Phone (____) _____

Address _____

Signature _____ Date _____