

Social Security Number: - - Name _____

(Last Name, First Name, Middle Initial)

Recommendation Form

Instructions to applicant: Two recommendations must be submitted with your Admission Application unless otherwise indicated in the Graduate Studies Catalog. Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide an envelope addressed to the applicable graduate program (MBA, MEd, or MS in Nursing Program) at York College of Pennsylvania, York, PA, 17405-7199.

Applicant's Last Name _____ First Name _____ Middle _____

Phone (home) _____ (work) _____ Fax _____

Current Address _____

**Public Law 93-380, Educational Amendment Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to waive access to my letters. Yes No

Instructions to the individual completing the Recommendation Form: Please write a short assessment of the applicant on your own letterhead and attach to this form. We are interested in the applicant's strengths, weaknesses, and characteristics that would help the faculty judge the applicant's ability to succeed in graduate school. Also, please give your impression of the applicant in the chart below.

	Excellent	Above Average	Average	Below Average	Unable to Assess
Critical thinking skills					
Breadth of knowledge					
Verbal communication skills					
Written communication skills					
Perseverance					
Maturity					
Potential as a professional in their field					
Overall Academic Potential					

Your Name, Title _____

Institutional Affiliation _____

Address of Recommender _____

Date _____ Telephone _____ Fax _____ E-mail _____

Signature _____