

HUSSON UNIVERSITY

Graduate Admission Recommendation Form

Applicant name: _____

Applicant's intended program of study: _____

Applicant's email address: _____

Part One: To Be Completed by the Recommender

Recommender name: _____

Thank you for agreeing to assist the above applicant by writing a letter of recommendation. If you have any questions concerning this form, please call the Husson University School of Graduate Studies at (866) 567-5990. Your letter of recommendation should have this form attached and indicate:

1. How well, and in what capacity you know the applicant.
2. Your assessment of the student's abilities and potential for success in a graduate program.

EVALUATION SUMMARY

	Outstanding (Top 10%)	Good	Average	Below Average	Unable to Judge
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<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"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach this form to your letter of recommendation and submit to:
Husson University, The School of Graduate Studies, 1 College Circle, Bangor ME, 04401

Part Two: To Be Completed by the Applicant

Under the Family Educational Rights and Privacy Act, you, the applicant, have the option of seeing this form and any attachments after enrolling in courses. Your signature below indicates whether you wish to waive or retain those rights.

- By checking this box, I hereby waive my right to access to this recommendation and any attachments.
 I do not waive my right to access to this recommendation form and any attachments.

(Applicant signature)

(Date)