

# Recommendation

## CONFIDENTIAL RECOMMENDATION FORM

**Important:** For the numbers and types of recommendations required by your program of study, please review the general application requirements sheet for the school to which you are applying. Replications of this form can be found at <http://admissions.cua.edu/forms>.

### SECTION 1 (To be completed by **applicant**. Please print.)

#### Applicant's Name

\_\_\_\_\_ *Last (family)*

\_\_\_\_\_ *First*

\_\_\_\_\_ *Middle*

Proposed Graduate Program \_\_\_\_\_ Degree \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974:

- I hereby waive my right of access to review this letter of recommendation.  
 I hereby do not waive my right of access to review this letter of recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 (To be completed by **recommender**. Please print.)

The person whose name appears above is applying for admission to graduate studies at The Catholic University of America. This form is provided for your use in evaluating the applicant. Please be candid in your assessment. If you wish to provide additional comments about the applicant's qualifications for graduate study, use the space provided or attach a separate letter of recommendation. Letters should be on your letterhead and include your name (printed) and signature as well as the applicant's full name.

#### Recommender's Name

\_\_\_\_\_ *Last (family)*

\_\_\_\_\_ *First*

\_\_\_\_\_ *Middle*

Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Agency/Institute Affiliation (Department, if applicable) \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ How well? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

3. How long has it been since your last direct contact with the applicant? \_\_\_\_\_

### SECTION 3

Please assess the applicant based on the following abilities and characteristics.

FOR ALL APPLICANTS please rate the applicant in comparison with those in his or her peer group, keeping in mind his or her potential for (a) completing the graduate program and (b) assuming a leadership position in his or her proposed program of study. You are encouraged to attach additional pages if necessary.

FOR ALL PSYCHOLOGY APPLICANTS (M.A. AND PH.D.): In addition to this form, please submit a formal letter of recommendation.

FOR APPLICANTS TO THE NATIONAL CATHOLIC SCHOOL OF SOCIAL SERVICE: Please write your additional comments about the applicant in the space provided on the reverse side of this form or on an attached page(s). An outline of some of our requirements for admission may help you: evidence of ability to do graduate work as reflected by academic work completed; employment or volunteer experience in some form of human service; personal qualifications essential for professional practice, including sensitivity to others, knowledge of social issues, strong interpersonal skills, and respect of the values and ethics of the social profession.

(over)

Abilities and Characteristics	Exceptional (Top 2%)	Superior (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Judge
Ability to complete a rigorous graduate program						
Personal motivation toward a career in proposed program of study						
Emotional stability						
Integrity						
Intellectual ability						
Responsibility/reliability						
Communication skills	Oral					
	Written					
Interpersonal skills						
Quality of relationships	Supervisors					
	Co-workers					
Service orientation (sensitivity/empathy for others)						
Conceptual ability						
Analytical ability						
Initiative toward and potential for scholarly work						
Ability to work independently						
Ability to handle stress						

**Additional comments** (Or provide a separate letter of recommendation.) \_\_\_\_\_

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**SECTION 4**

Please indicate the strength of your overall recommendation:

- Recommend most highly     Recommend     Recommend with reservations     Do not recommend

**Name** (type or print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your assistance in assessing the qualifications of the applicant. If the applicant has not requested that you return the completed recommendation to him or her, please send it directly to The Catholic University of America, Office of Graduate Admissions, 620 Michigan Ave., N.E., Washington, DC 20064. Please be sure the return envelope is sealed, with your signature across the seal.