

MEDAILLE COLLEGE GRADUATE PROGRAM

Applicant Reference Form 1

School of Adult and Graduate Education
Medaille College
Office of Graduate Admissions
30 Wilson Road, Williamsville, NY 14221
[716] 631-1061 [888] 252-2235
[716] 632-1811 fax www.medaille.edu

PART A ■ TO BE COMPLETED BY THE STUDENT

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH: _____
MONTH/DAY/YEAR

PROPOSED GRADUATE PROGRAM MA MHC MA PSY

FIRST MIDDLE LAST MAIDEN NAME/PREFERRED NAME

STREET

CITY STATE ZIP CODE
() ()

DAYTIME PHONE EVENING OR CELL PHONE EMAIL

I agree that the recommendation I am requesting shall be held in confidence by officials of Medaille College, and I hereby waive any rights I may have to examine it. YES NO

SIGNATURE OF APPLICANT DATE

PART B ■ TO BE COMPLETED BY THE RECOMMENDER

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

Please use a separate sheet of paper to write your assessment of the applicant's scholarship, personality, character, and professional promise. In the statement, please include an assessment of strengths and weaknesses.

SUMMARY EVALUATION: Applicant's promise as a graduate student, as compared with others of similar age and experience.

	OUTSTANDING TOP 2%	SUPERIOR TOP 10%	GOOD TOP THIRD	FAIR MIDDLE THIRD	POOR BOTTOM THIRD	UNABLE TO JUDGE
RESEARCH APTITUDE						
INTELLECTUAL POTENTIAL						
ABILITY TO WORK WITH OTHERS						
ABILITY TO WORK INDEPENDENTLY						
CREATIVITY AND IMAGINATION						
MATURITY						
SELF-CONFIDENCE						
COMMUNICATION SKILLS: ORAL						
COMMUNICATION SKILLS: WRITTEN						
ABILITY TO ANALYZE A PROBLEM AND FORMULATE A SOLUTION						
MOTIVATION FOR PROPOSED PROGRAM OF STUDY						

Please indicate the strength of your overall endorsement by placing an "X" along the scale

NOT RECOMMENDED

RECOMMEND WITH
SOME RESERVATIONS

RECOMMENDED

HIGHLY RECOMMENDED

SIGNATURE

PRINT NAME

DATE

POSITION

EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

EMAIL

PLEASE MAIL DIRECTLY TO: Office of Graduate Admissions, Medaille College, 30 Wilson Road, Williamsville, New York 14221

MEDAILLE COLLEGE GRADUATE PROGRAM

Applicant Reference Form 2

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COMMUNICATION SKILLS: ORAL						
COMMUNICATION SKILLS: WRITTEN						
ABILITY TO ANALYZE A PROBLEM AND FORMULATE A SOLUTION						
MOTIVATION FOR PROPOSED PROGRAM OF STUDY						

Please indicate the strength of your overall endorsement by placing an "X" along the scale

<input style="width: 100%; height: 20px;" type="text"/>			
NOT RECOMMENDED	RECOMMEND WITH SOME RESERVATIONS	RECOMMENDED	HIGHLY RECOMMENDED

SIGNATURE		PRINT NAME		DATE	
POSITION		EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	COUNTRY
TELEPHONE		EMAIL			

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