

# Medaille College.

Return To  
Medaille College - Amherst Campus  
School of Adult and Graduate Education  
Office of Admissions  
30 Wilson Road  
Williamsville, NY 14221

or  
Medaille College - Rochester Campus  
School of Adult and Graduate Education  
Office of Admissions  
100 Corporate Woods, Suite 200  
Rochester, NY 14623

## ● Recommendation Form

● Completed by Applicant

Please print

_____ LAST NAME			_____ FIRST			_____ MIDDLE		
_____ STREET ADDRESS						_____ APT #		
_____ CITY			_____ STATE			_____ ZIP CODE		
_____ HOME PHONE			_____ WORK PHONE			_____ MOBILE PHONE		
_____ E-MAIL ADDRESS								
_____ SOCIAL SECURITY NUMBER								
_____ NAME OF EMPLOYER				_____ STREET ADDRESS				
_____ CITY			_____ STATE			_____ ZIP CODE		
_____ POSITION AT THE ABOVE COMPANY					_____ HOW LONG AT THIS POSITION			
_____ NAME OF PERSON GIVING THIS RECOMMENDATION					_____ POSITION/TITLE			
_____ WORK PHONE					_____ E-MAIL ADDRESS			

This recommendation will be part of your admission file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Medaille College, you will be accorded access to its contents unless you voluntarily waive your right to access. Please check one and sign the statement below.

- I DO WAIVE THE RIGHT TO REVIEW THIS RECOMMENDATION ONCE SUBMITTED.
- I DO NOT WAIVE THE RIGHT TO REVIEW THIS RECOMMENDATION ONCE SUBMITTED.

The Accelerated Learning Program  
Amherst Campus 888.252.2235  
Rochester Campus 866.212.2235  
[www.medaille.edu/alp](http://www.medaille.edu/alp)

_____ APPLICANT'S SIGNATURE	_____ DATE
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Completed by recommendation submitter

The person whose name appears above has applied for admission to the Medaille College Accelerated Learning Program. The admission committee attaches great weight to an applicant's qualifications that are not adequately reflected in past academic records. Therefore, you can assist us in our evaluation of the applicant by responding frankly to this question form. Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he or she has waived such right. In accordance with the FEPC policies, the author of this reference is asked to refrain from commenting on illegal discriminatory criteria such as a candidate's race, religion, national origin, political affiliations, beliefs, or activities. The questions below are offered as a guide; we welcome your comments as an aid in determining the applicant's ability to benefit from and contribute to the Medaille College Accelerated Learning Program.

1. HOW LONG HAVE YOU AND THE APPLICANT KNOWN EACH OTHER? IS THE CAPACITY PROFESSIONAL OR PERSONAL?

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2. WHAT QUALITIES DO YOU PARTICULARLY ADMIRE ABOUT THE APPLICANT? PLEASE RELATE TO A WORK SITUATION.

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3. WHAT SKILLS DO YOU THINK THE APPLICANT COULD IMPROVE UPON, IF ANY?

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4. THE ACCELERATED LEARNING PROGRAM REQUIRES THREE YEARS OF SIGNIFICANT FULL-TIME WORK EXPERIENCE FOR THE APPLICANTS OF THE MASTER'S PROGRAMS, TWO YEARS FOR APPLICANTS OF THE BACHELOR'S PROGRAM, AND TWO YEARS FOR THE ASSOCIATE DEGREE. PLEASE PROVIDE INFORMATION REGARDING THE APPLICANT'S WORK THAT SUBSTANTIATES HIS/HER EXPERIENCE.

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5. ON A SCALE OF 1 TO 5 (WITH 5 BEING THE STRONGEST), HOW DO YOU RATE THE APPLICANT'S ABILITY TO: *(please circle)*

A. INTERACT WITH A GROUP	1	2	3	4	5
B. COOPERATE IN MEETING GROUP GOALS	1	2	3	4	5
C. CLEARLY EXPRESS HIM/HERSELF VERBALLY	1	2	3	4	5
D. CLEARLY EXPRESS HIM/HERSELF IN WRITING	1	2	3	4	5
E. SOLVE PROBLEMS	1	2	3	4	5
F. CARRY OUT ASSIGNED TASKS	1	2	3	4	5
G. UTILIZE LEARNED MATERIAL OR SKILLS	1	2	3	4	5
H. WORK INDEPENDENTLY	1	2	3	4	5
I. WORK UNDER STRESS	1	2	3	4	5
J. ASSUME PERSONAL RESPONSIBILITY	1	2	3	4	5

SIGNATURE OF PERSON GIVING THIS RECOMMENDATION

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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
WORK PHONE E-MAIL ADDRESS

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