



**Gwynedd Mercy
University**

Reference Report for Graduate Admissions

This report is to be filled out by someone in a professional supervisory capacity.

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Program for which you are applying: _____

_____ I waive my right to review this letter of recommendation in my file.

_____ I do not waive my right to review this letter of recommendation in my file.

Signature of Applicant: _____ Date: _____

Name of Respondent: _____ Date Completed: _____

Institution or Firm: _____ Position: _____

Business Address: _____

For how many years have you known the applicant?: _____ Relationship with applicant: _____

How well do you know the applicant? () Very Well () Fairly Well () Slightly

Please rate the applicant on each of the following characteristics. Indicate any additional comments which would be of assistance in evaluating the applicant's potential.

Characteristic	Excellent	Very Good	Good	Unsatisfactory	No Chance to Observe
Scholastic Ability					
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Personal Characteristics					
Adaptable					
Dependable					
Self-Confident					
Responsive					
Cooperative					

My recommendation is: () Strong, Without Reservation () With Confidence () With Reservation () I do not recommend

Signature of Respondent: _____ Date: _____

Reference reports may be emailed or faxed to:
EMAIL: accelerate@gmercyu.edu
FAX: 267.733.6691