

Please return completed form to:

Graduate Admissions Office  
 Alverno College  
 3400 S. 43<sup>rd</sup> Street · P.O. Box 343922  
 Milwaukee, WI 53234-3922



or Fax to: 414-382-6055

**Applicant**

\_\_\_\_\_  
 Last First MI

Program (Check only one)  Graduate Education  Master of Science in Nursing  
 MBA  Doctorate of Nursing Practice  
 Master of Music Therapy  Master of Science in Community Psychology  
 Educational Specialist (ED.S.) in School Psychology

I waive my right to read this letter of recommendation  
 I maintain my right to read this letter of recommendation

\_\_\_\_\_  
 Applicant Signature Date

**Reference**

\_\_\_\_\_  
 Last First

\_\_\_\_\_  
 Organization/Company

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Email

**Recommendation**

You have known the applicant as a:

Student  Employee  Coworker  Volunteer  Other

You have known the applicant \_\_\_\_\_ years and \_\_\_\_\_ months

Rate the applicant in the following areas: (Circle the most fitting response)

	Unacceptable	Below Average	Average	Above Average	Outstanding	Not Observed
Quality	1	2	3	4	5	n
Self-Starter	1	2	3	4	5	n
Critical-thinking Ability	1	2	3	4	5	n
Analytical Ability	1	2	3	4	5	n
Decision-making Ability	1	2	3	4	5	n
Communication Skills						
Written	1	2	3	4	5	n
Oral	1	2	3	4	5	n
Interpersonal	1	2	3	4	5	n
Computer	1	2	3	4	5	n
Leadership	1	2	3	4	5	n
Self-confidence	1	2	3	4	5	n
Professional Competence	1	2	3	4	5	n
Integrity	1	2	3	4	5	n
Responsibility	1	2	3	4	5	n
Flexibility	1	2	3	4	5	n
Creativity	1	2	3	4	5	n
Stress Management Skills	1	2	3	4	5	n
Time Management	1	2	3	4	5	n
Academic Ability	1	2	3	4	5	n

Please expand on the areas rated, identifying the applicant's greatest strength(s) in reference to his/her ability to succeed in graduate education.

---



---

Do you recommend that the applicant be admitted to the graduate program?

Yes, without reservation     Yes, with some reservation (please explain)     No (please explain)

---



---

Any Additional Comments

---

*Thank you! Please staple your business card or other professional stationery here.*

Signature

Title

Date

---