

Please return completed form to:

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



or Fax to: 414-382-6055

Applicant

 Last First MI

- Program (Check only one)
- | | |
|--|--|
| <input type="checkbox"/> Graduate Education | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> MBA | <input type="checkbox"/> Doctorate of Nursing Practice |
| <input type="checkbox"/> Master of Music Therapy | <input type="checkbox"/> Master of Science in Community Psychology |
| <input type="checkbox"/> 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
