



Graduate Program Recommendation Form

To the Applicant: Complete this section of the form and give to the person writing the recommendation.
New Jersey City University will only accept recommendations from an Employer, Supervisor, Professor or Counselor/Mentor. Recommendations from colleagues, co-workers, friends or family members are not acceptable. Recommendations not submitted on this form must be on the recommender's business letterhead.

Applicant Last Name First Name Middle Initial Gothic ID# or last four digits of SS#

Street Address Apt. No City State Zip

Telephone Number Degree Program Applying To Term/Year

Under the Family Educational Rights and Privacy Act of 1974, enrolled students have access to their individual educational records. Students are also permitted to waive their rights of access to recommendations.

☐ I **WAIVE** my right to inspect this recommendation form.

☐ I **DO NOT WAIVE** my right to inspect this recommendation form.

Signature of Applicant

Date

To the Recommender: The applicant named above is applying for admission to a graduate degree program at New Jersey City University. The Selection Committee would appreciate your assessment of the applicant to assist us with the review process. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. **Recommendations not submitted on this form must be on the recommender's business letterhead, signed and dated.**

Name of Recommender

Signature

Title/Company Name

Date

Email Address

Telephone Number

Familiarity with the applicant:

1. What is your relationship to the applicant? _____
2. How long have you known the applicant? _____
3. What was the nature of your interactions with the applicant? _____

(over)

Applicant Name_____

Please rate the applicant in comparison with others applying for graduate study that you may have known in the applicant's proposed field of study.

QUALITIES	Superior	Excellent	Above Average	Average	Below Average	Unable to Judge
Academic Success						
Leadership Potential						
Goal Orientation						
Organizational Ability						
Written Communication						
Oral Communication						
Ability at Solving Complex Problems						
Motivation						
Potential for Growth						
Character & Integrity						
Planning Skills/Time Management						
Interpersonal Skills						

Which qualities above best describe this applicant?_____

What is your assessment of the applicant's potential, motivation, or capability for undertaking a graduate degree program and his/her potential to succeed at the University? _____

Overall Recommendation for admission to the applicant's intended graduate degree program.

____Strongly recommend ____Recommend ____Recommend with reservation ____Do not recommend

RETURN COMPLETED FORM TO:

**New Jersey City University
University Admissions-H206
2039 Kennedy Boulevard
Jersey City, NJ 07305
Email: grad_dept@njcu.edu / Fax: 201-200-3411**