

SCHOOL OF GRADUATE STUDIES GRADUATE ADMISSIONS

352 Lafayette Street, Salem, Massachusetts 01970-5353

978.542.6200
salemstate.edu/graduate
gradadmissions@salemstate.edu

Reference for Graduate Admission

THIS SECTION TO BE COMPLETED BY APPLICANT. PLEASE PRINT.

Name: _____

Address: _____
No./Street City/Town State/Province Postal Code

Program for which you are applying: _____

Name of referee: _____

Relation to applicant: _____

To the Applicant

This recommendation will become part of your admissions file. It will only be used for admissions consideration and will not be disclosed to any unauthorized individual without your written consent.

Under the provisions of the *Family Educational Rights and Privacy Act* of 1974, I waive my right of access to this letter of recommendation. Salem State University may consider it confidential.

Signature of applicant (optional): _____ Date: _____

Signature of this waiver indicates to the referee that this form will be viewed only by those involved in the admissions process.

THIS SECTION TO BE COMPLETED BY RECOMMENDER. PLEASE PRINT.

The applicant named above is in the process of making an application to Salem State for the graduate program indicated above.

Please comment on the applicant's character and ability to carry on advanced graduate study and research. Compare the applicant to others you have known in this field. You may write a separate letter (attach it to this form).

Graduate admissions at Salem State will only accept references in a sealed envelope with the evaluator's signature across the back flap of the envelope.

Thank you in advance for your recommendation.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please comment on your general impression of the applicant in terms of the following characteristics:

Characteristic	Upper 1 or 2%	Upper 10% But Not Upper 1 or 2%	Upper 25% But Not Upper 10%	Upper Half	Lower Half	No Basis for Judgment
Breadth of general knowledge						
Ability in verbal expression						
Ability in written expression						
Ability to work with professional colleagues						
Emotional maturity						
Problem solving skills						
Critical thinking skills						

Below please briefly state your opinion of the applicant's probability of success as a graduate student and as a professional pursuing a career in his or her field. Comments relating to an applicant's strengths and weaknesses are most helpful. Please feel free to attach an additional page if you require further space for your comments.

Thank you for taking the time to complete this reference.

STATEMENT

OVERALL RECOMMENDATION:

- I WOULD RECOMMEND: WITHOUT RESERVATIONS WITH RESERVATIONS
 NO, I DO NOT RECOMMEND FOR ADMISSION

Please mail directly to: Salem State University, Admissions Application Center, 352 Lafayette Street, Salem, MA 01970-5353

Name of person writing reference: _____ Position: _____

Institution: _____

Address: _____

Signature: _____ Date: _____