

CPCE AT ROWAN – GRADUATE & POST BAC LETTER OF RECOMMENDATION FORM

This Letter of Recommendation Form is intended for those students who wish to apply to a Rowan University graduate-level or post baccalaureate program (post bac) that is offered through Rowan's College of Professional & Continuing Education (CPCE). This form is meant to be submitted with the CPCE Graduate & Post Bac Basic Application Form for those CPCE programs that require letters of recommendation. (Not all programs require recommendations. Check the appropriate Detail Sheet at www.rowan.edu/cpce under "Academic Services" to be sure. All forms are available to download from www.rowan.edu/cpce under "Forms.")

For the Applicant

Complete this portion of the form and give it to your recommender. You should select persons not related to you, such as a course instructor or position supervisor, who are able to assess your academic and/or professional potential in the program to which you are applying. For his/her convenience, you should provide an envelope addressed to Director of Academic Services, College of Professional & Continuing Education, Education Hall, 201 Mullica Hill Road, Glassboro, NJ 08028. Then ask the recommender to return the envelope (either to you or to the above address) with his/her signature written across the seal. It is best if it is returned directly to you so that you may submit it along with your other application materials.

NAME OF APPLICANT _____ SS#: _____
(Please print above your full name and Social Security Number)

PROGRAM ENTRY POINT Term: Fall Spring Summer Year: _____ Module: 1 2 3 4 5 6
(Not all programs allow entry every term and/or module. Please check the appropriate Detail Sheet before completing this section.)

NAME OF PROGRAM _____
(Please print above the full name of your program of interest as listed on the appropriate Detail Sheet.)

NAME OF RECOMMENDER _____
(Please print above the full name and title of the individual completing this letter of recommendation on your behalf)

RIGHT OF ACCESS: The Federal Family Educational Rights and Privacy Act of 1970 gives students and graduates the right of access to their records including letters of recommendation. It is your option to waive your right of access or decline to do so. Please indicate your choice and sign your name.

I do I do not waive my right to review this recommendation. _____
Signature of applicant Date

Note: To protect the privacy of all parties, CPCE usually destroys all letters of recommendation after the final admissions review and before the student matriculates at Rowan University.

For the Recommender

Your candid response to the questions in this form will help us to evaluate the applicant's qualifications for admission to the graduate/post bac program listed above. Please return this completed and signed form (either to the applicant or to the address below) in a sealed envelope with your signature written across the seal. Thank you for providing this information.

RECOMMENDATION

- How long have you known the applicant? _____
- In what capacity? _____
- How do you rate the applicant on the following characteristics in comparison with other students with the same level of training?

FACTOR	OUTSTANDING	SUPERIOR	AVERAGE	BELOW AVERAGE	NO JUDGEMENT
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills(oral/written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How do you rate the applicant in overall ability and promise in comparison with other students with the same level of training?
 Equal to the best in any department
 Will perform at a superior level whenever admitted
 Performance should be up to average of most graduate/post bac students
 Qualifications marginal, but warrants consideration
 Questionable whether admission to graduate/post bac study is warranted
 Unable to judge

 Recommender's name *(please print)*

 Position/Title

 School/Company

 Department

 Address

 City

 State

 Zip Code

 Email Address

 Work phone

 Recommender's signature

 Date