

RECOMMENDATION FORM

TO THE APPLICANT

Please complete this section, then deliver or mail this form, with a self-addressed envelope to your recommender. Ask this person to return the form to you in the envelope with his/her signature across the seal. Do not open the envelope or break the seal. Submit the sealed envelope with your application.

Name Social Security Number

Term for which you are applying Fall Spring 20____

Program/Major Degree Sought

I understand that this recommendation will be used only for admission and financial support decisions and I hereby waive my right of access to this recommendation.

Signed Date

TO THE RECOMMENDER

New Jersey Institute of Technology uses a self-managed application. Please affix your signature across the sealed flap of the envelope and return it to the applicant who will submit it with his/her application packet. If the applicant does not sign the above waiver, right of access to this recommendation is not waived.

Name of Recommender

Position/Title Organization

Address

Phone E-mail

How long have you known the applicant? In what capacity

Please rate the applicant on the qualities below

	Top 5%	Top 15%	Top 25%	Top 50%	Below 50%
Overall	<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"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Well With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Has the applicant acquired the necessary skills for successful study at the graduate level? Yes No

2. Is there any reason you would not recommend the applicant for admission? Yes No

3. Please use the space provided below or attach an additional letter to this form to make any additional comments you think important concerning the applicant

4. I recommend this applicant for admission as follows:

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature

Date