

# MASTER'S DEGREE\*

## RECOMMENDATION PROVIDER FORM

### To the Applicant:

Complete the information below (please print or type) and send this form to the below named recommendation provider. Type your name and return address on an envelope and submit it with this form to your recommendation provider. When it has been returned to you, include the sealed envelope among your application materials.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE RECOMMENDATION PROVIDER.

NAME OF APPLICANT

\_\_\_\_\_  
Last First Middle

ADDRESS

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Postal Code

SOCIAL SECURITY NUMBER (U.S. citizens and permanent residents) \_\_\_\_\_

NAME OF RECOMMENDATION PROVIDER \_\_\_\_\_

In order to allow the recommendation provider to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured, however, that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation.

\_\_\_\_\_  
Signature of Applicant Date

### To the Recommendation Provider:

The above named person is applying for admission to a Master's Degree Program at New York University. The Admissions Committee asks your cooperation in the self-managed application process in which the applicant is responsible for submitting letters of evaluation. We find that candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable, and we appreciate the time you are taking to provide this information.

Please complete this form, and enclose it in an envelope. You may also include a letter with this form. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Office of Admissions.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider the applicant's outstanding talents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In which areas could the applicant exhibit growth or improvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Please note that Graduate Certificate applicants do not need to submit written evaluation forms.

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Please comment on your impression of the applicant's capacity for graduate work and his or her potential for a successful professional career.

*EXCEPTIONAL*    *OUTSTANDING*    *GOOD*    *AVERAGE*    *POOR*    *UNABLE TO JUDGE*

Please use this scale to rate the applicant in relation to his or her peers.

Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

- I strongly recommend.
- I recommend.
- I recommend with some reservations.
- I do not recommend that this applicant be admitted to the Master's Degree Program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

(       )  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Signature of recommendation provider

\_\_\_\_\_  
Date