

GRADUATE PROGRAM RECOMMENDATION

NOTE TO APPLICANT

Please type or print your name and address, check off the program to which you are applying and your Review Option, and give this form to one of the three people whom you have asked to submit a recommendation for you.

Applicant's Name _____

Address _____

CHECK DESIRED PROGRAM

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Business (MBA) | <input type="checkbox"/> Special Ed (1-6) | <input type="checkbox"/> Literacy (grades 5-12) & Special Ed (grades 7-12) | <input type="checkbox"/> Nurse Practitioner-Family Health (FNP) |
| <input type="checkbox"/> Business (MBA)-Accounting | <input type="checkbox"/> Special Ed (7-12) | <input type="checkbox"/> Childhood & Special Ed | <input type="checkbox"/> Certificate in Family Nurse Practitioner (FNP) |
| <input type="checkbox"/> Childhood Ed (1-6) | <input type="checkbox"/> Literacy (birth-grade 6) | <input type="checkbox"/> Childhood Ed & Literacy | <input type="checkbox"/> Certificate in Adult Health Nurse Practitioner (ANP) |
| <input type="checkbox"/> Adolescence Ed (7-12) | <input type="checkbox"/> Literacy (5-12) | <input type="checkbox"/> Extension Program (5-6) | |
| <input type="checkbox"/> Adolescence & Literacy | <input type="checkbox"/> Literacy (birth-grade 6) & Literacy (grades 5-12) | <input type="checkbox"/> Extension Program (7-9) | |
| <input type="checkbox"/> Adolescence & Special Ed | <input type="checkbox"/> Literacy (birth-grade 6) & Special Ed (grades 1-6) | <input type="checkbox"/> Nurse Practitioner-Adult Health (ANP) | |

REVIEW OPTION

The Family Educational Rights and Privacy Act of 1974 provides that the student have the option to review this recommendation or maintain its confidentiality by relinquishing the option to review.

Please check your option:

- ☐ I wish to review this recommendation. ☐ I waive my right to review this recommendation.

Signature _____

NOTE TO RECOMMENDER

The person whose name appears above has applied for admission to the Graduate Program specified above. We would appreciate your commenting on the applicant's academic and/or professional qualifications by supplying the following information in as much detail as possible. Please mail your recommendation directly to the appropriate division:

Office of Graduate Admissions

330 Powell Avenue
Newburgh, N.Y. 12550

1. How long and in what capacity have you known the applicant?

2. What do you consider the applicant's most outstanding strengths or characteristics?

3. What are the applicant's chief weaknesses?

4. In your opinion, how well has the applicant considered, and prepared for, the decision to enter their graduate program?

5. Please rate the applicant in terms of the following criteria.

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<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"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to initiate ideas and actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION ONLY				
Ability to work effectively with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING ONLY				
Clinical knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate the degree to which you recommend the applicant for graduate study:

☐ Strongly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

7. Any other comments you care to make would be appreciated (use an additional sheet of paper if necessary).

NAME OF RECOMMENDER _____

Title _____

Address _____

_____ Phone _____

Signature _____ Date _____