

## Graduate Studies

**THE APPLICANT: FILL OUT THIS PART.**

Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT'S NAME: \_\_\_\_\_

GRADUATE PROGRAM APPLIED FOR: Master of Business Administration  
(check one):  MBA – General;  MBA - Healthcare Management specialization or  
 MBA-Operations Management specialization

DESIRED TERM OF ENTRY TO PROGRAM: \_\_\_\_\_

I DO \_\_\_\_ DO NOT \_\_\_\_ waive my right to see the completed Letter of Reference in my file.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE PERSON SERVING AS A REFERENCE:**

*You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.*

*If you are submitting a separate letter, please return this form with your letter since it contains the applicant's statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.*

*Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.*

Name of Applicant: \_\_\_\_\_

For how long and in what capacity have you known the applicant?

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

How would you rate the applicant's academic ability for pursuing graduate study in his/her chosen field?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

Comments: \_\_\_\_\_

How would you rate the applicant's motivation to study at the graduate level?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

Comments: \_\_\_\_\_

How would you rate the applicant's personal qualities for succeeding in his/her chosen field?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

Comments: \_\_\_\_\_

Provide any other comments you would like to make that will be helpful in evaluating the applicant.

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

NAME (print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_