

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 or MBA - Health Care 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: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____