

Last name: _____ First name: _____ Middle: _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations. Some recommenders may prefer that their letters not be made available to the student. The following signed statement indicates the wish of the applicant regarding this recommendation.

I hereby waive I hereby **do not** waive
my right to inspect the content of the following recommendation.

Student Signature: _____ Date: _____

Note to recommender:

Please answer the following questions and make a detailed and candid statement to assist us in judging the applicant's academic capabilities, initiative, and maturity as these traits indicate a potential for a management career. After completing this form, please put it in an envelope and sign across the seal prior to sending it to:

Marist College
Office of Graduate Enrollment
Poughkeepsie, New York 12601-1387

How well and in what capacity have you known the applicant?

What do you consider to be the applicant's outstanding talents or strengths?

What do you consider to be the applicant's primary areas for improvement relevant to graduate study and a professional career?

Please make any additional comments about the applicant's analytical capabilities and potential for a management career that would help the Admissions Committee make its decision.

In comparison with other prospective graduate students you have known, how does this applicant compare with respect to the following qualities?

	Outstanding Top 2%	Top 10%	Strong Top Third	Average Middle Third	Weak Bottom Third	Insufficient Information
Leadership Ability						
Intellectual Capacity						
Creative Qualities						
Initiative						
Verbal Skills						
Written Skills						
Analytical Skills						
Ability to work with others						
Maturity						

Strongly recommend Recommend Recommend with reservations Do not recommend

I understand that the applicant may have access to this information unless the waiver statement on the front of this form indicates otherwise.

Signature: _____ Date: _____

Name (Please Print): _____

Position/Title: _____ Firm/School: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____