Advisor/Faculty Recommendation Form

Spring ______ deadline Oct. 1  Fall ______ deadline April 15

Applicant: Please ask your recommender to fill out this form and return with the other required documents to the Marist in Manhattan at the address listed above.

Applicant: ____________________________________________
(last) ____________________________________________ (first) ____________________________________________ (middle)

Please check one:  □ I waive my right to examine this recommendation
□ I do not waive my right to examine this recommendation

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This form is to recommend undergraduate students for the Marist in Manhattan program. This is a competitive program for mature students requiring a full semester of study and work in New York City. The ideal applicant is academically & judicially sound, possesses a great deal of independence, is self-reliant and is motivated to seek a career in the communications or fashion industries. He/she should have a GPA of 3.25 or above (4.0) scale and have completed 60 or more credits. Program requirements include taking a full-time course load composed of one 3-credit online Communication seminar and a professional internship requiring a minimum 270 hours of field work (three to four days of work per week for at least 15 weeks).

Recommender:
Name ___________________________ Title ___________________________
(please print) (please print)
Phone ___________________________ Email ___________________________
(please print) (please print)

What is your relationship to the applicant?  _____Advisor  _____Faculty

How long have you known this student? ______________________________________________________________

Please rate the student’s abilities using a scale of 1-5, with 1 being the “lowest” and 5 being the “highest” rating:

_____Ability to work independently
_____Academic capability
_____Analytical skills
_____Writing skills
_____Verbal skills
_____Ability to succeed in a professional workplace

Do you believe this student can successfully complete the program described above? _____Yes _____No _____Unsure

COMMENTS: _____________________________________________________________________________________
__________________________________________________________________________________

_______________________________________________________________
Recommenders’ Signature ____________________________________________ Date _______/_______/_______

Please place form in a sealed envelope, addressed to “Marist in Manhattan,” sign across the seal and return to Applicant.