



Graduate Admissions  
100 Ochre Point Avenue  
Newport, RI 02840  
Tel: (401) 341-2385 Fax: (401) 341-2973

## GRADUATE ADMISSIONS RECOMMENDATION FORM

**APPLICANT SECTION:** Please complete this section and provide completed, signed form to reviewer.

**Applicant's Name: PRINT CLEARLY:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation after you matriculate into any graduate program at Salve Regina University.

☐ I waive my right to see this recommendation.

☐ I retain my right to see this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student is applying for:

- ☐ Master of Science in Administration of Justice ☐ CGS ☐ CAGS
- ☐ Master of Arts in Applied Behavior Analysis ☐ CAGS ☐ Post-Baccalaureate Certificate
- ☐ Master of Business Administration ☐ CGS
- ☐ Master of Science in Innovation and Strategic Management ☐ CGS
- ☐ Master of Science in Health Care Administration and Management ☐ CGS
- ☐ Master of Arts in Holistic Counseling ☐ CGS ☐ CAGS
- ☐ Master of Arts in Holistic Leadership ☐ CGS ☐ CAGS
- ☐ Master of Arts in Humanities
- ☐ Master of Arts in International Relations ☐ CGS
- ☐ Master of Arts in Rehabilitation Counseling ☐ CCS ☐ CAGS
- ☐ Master of Arts in Clinical Rehabilitation ☐ CCS ☐ CAGS
- ☐ Doctor of Philosophy in Humanities
- ☐ Doctor of Nursing Practice

Recommender's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**To the Recommender:** Please complete the section below and attach your recommendation letter addressed to the *Graduate Admissions Committee*. When complete, this form, along with the recommendation letter, can be mailed, emailed, or faxed to Graduate Admissions using the contact information at the bottom of this form. If the applicant has waived his/her right of access, your recommendation will be held confidential to the extent permitted by law; if not, the applicant, if admitted and enrolled at Salve Regina University, may inspect and review it upon request. Thank you for your time and assistance.

To be completed by the Recommender:

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. Please rate the candidate based on their ability to perform and engage in Graduate Studies.

	Excellent (Top 5%)	Good (Top 10%)	Average	Needs Improvement	No Basis to Judge
Intellectual ability					
Spoken expression					
Writing ability					
Analytical ability					
Maturity					
Ability to do independent work					
Dependability					

4. In the space below, or in an attached letter, please provide a written assessment of this candidate's potential to perform and engage in graduate study. Comment on strengths and weaknesses of the candidate, and the candidate's likelihood of success in graduate studies.

Recommender: ☐Dr. ☐Mr. ☐Ms. Name\_\_\_\_\_

Title:\_\_\_\_\_

Place of Employment\_\_\_\_\_

Street Address/PO Box\_\_\_\_\_

City\_\_\_\_\_

Phone # (\_\_\_\_)\_\_\_\_\_E-Mail Address\_\_\_\_\_

Signature\_\_\_\_\_

Thank you for your time in providing this recommendation.

This form can be faxed, e-mailed or mailed using the information below:

**Mail:**

Graduate Admissions  
Salve Regina University  
100 Ochre Point Avenue  
Newport, RI 02840  
Fax: (401) 341-2973

**E-Mail:**

[graduate\\_studies@salve.edu](mailto:graduate_studies@salve.edu)

**Fax:**

401-341-2973

Please contact the office of Graduate Studies with any questions at 1-800-637-0002