CONTINUING EDUCATION 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 continuing education 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:
☐ Bachelor of Science in Business Administration
☐ Bachelor of Science Accounting
☐ Bachelor of Science in Healthcare Administration and Management
☐ Bachelor of Arts in Administration of Justice
☐ Bachelor of Arts in Leadership Studies
☐ RN – B.S. Nursing
☐ Undergraduate Certificate in Business Management Technology
☐ Post-Baccalaureate Certificate in Assistant Applied Behavior Analysis

Recommender’s Name: Last: ___________________ First: ___________________ MI: _____

To the Recommender: Please complete the section below and attach your recommendation letter addressed to the Continuing Education Admissions Committee. When complete, this form, along with the recommendation letter, can be mailed, emailed, or faxed to Continuing Education 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 Continuing Education Studies.

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<th>Excellent (Top 5%)</th>
<th>Good (Top 10%)</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>No Basis to Judge</th>
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<tr>
<td>Intellectual ability</td>
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<td>Spoken expression</td>
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<td>Writing ability</td>
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<td>Dependability</td>
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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 continuing education study. Comment on strengths and weaknesses of the candidate, and the candidate’s likelihood of success in continuing education 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.

Please send this form and any attachments to:  Continuing Education Admissions
Salve Regina University
100 Ochre Point Avenue
Newport, RI 02840
Fax: (401) 341-2973

Please contact the office of Graduate and Continuing Studies with any questions at 1-800-637-0002, or email continuing_ed@salve.edu