

Confidential Recommendation Form

**Department of Mathematics and Computer Science
Graduate Program in Secondary Mathematics Education
St. Joseph's University**

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____
Social Security Number: _____
Name of Recommender: _____

I waive _____ do not waive _____ my personal right-to-access to this evaluation according to the University's policy on the Family Rights and Privacy Act of 1974.

Date: _____ Signature of Applicant: _____

TO BE COMPLETED BY RECOMMENDER:

The above named person is applying for admission to the Five-year B.S. in mathematics, M.S. in Secondary Mathematics Teaching program at St. Joseph's University.

- I. Please provide a written statement, including how long you have known the applicant, your relationship to the applicant, his/her strengths and weaknesses, and your assessment of this candidate's ability to succeed in graduate school.**

II. Please provide your judgment on the following characteristics as they pertain to the applicant.

	Unable to Judge	Below Average	Average	Good	Very Good	Excellent
Oral Expression						
Written Expression						
Breadth of General Knowledge						
Laboratory Skills and Experience						
Research Skills						
Intellectual Ability						
Scholarship						
Motivation						
Emotional Maturity						
Leadership Potential						
Professional Potential						
Initiative						
Ability to work with others						
Reliability						
Overall Potential for Graduate Studies						

I. Summary evaluation.

- I strongly recommend that this applicant be admitted to St. Joseph's graduate program in mathematics education.
- I recommend that this applicant be admitted to St. Joseph's graduate program in mathematics education.
- I recommend with some reservation that this applicant be admitted to St. Joseph's graduate program in mathematics education.
- I do not recommend that this applicant be admitted to St. Joseph's graduate program in mathematics education.

Name of recommender: _____

Title: _____

Institution: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

Date: _____

Please send to:

Graduate Admissions
St. Joseph's University
Mandeville 287
5600 City Avenue
Philadelphia, PA 19131