

SPRINGFIELD COLLEGE OFFICE OF GRADUATE ADMISSIONS RECOMMENDATION FORM



SECTION ONE: To be completed by the **applicant**

Applicant's Name: _____
Last First Middle Initial

Intended Program of Study: _____

Concentration (if applicable): _____

Degree Sought:

- Master's Degree
 Certificate of Advanced Graduate Study
 Doctor of Philosophy in Physical Education
 Doctor of Physical Therapy
 Doctor of Psychology

Name of Reference: _____ Relationship to Applicant: _____

Applicant Waiver: Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation; Springfield College may, therefore, consider it to be confidential.

 Signature of Applicant

 Date

SECTION TWO: To be completed by the **reference**

Thank you for providing a reference for the above named applicant. In addition to the form below, **please attach a letter** stating your assessment of the applicant's intellectual and personal qualifications for successfully completing his/her intended graduate degree program. Be sure to include the length of time you have known the applicant and in what capacity.

Letters and forms can be emailed directly from you to the Office of Graduate Admissions at graduate@springfieldcollege.edu, or, in a sealed envelope, please return this form completed and signed, and your letter of reference to:
 Springfield College, Office of Graduate Admissions, 263 Alden Street, Springfield, MA 01109

	Upper 5 percent	Upper 25 percent but not upper 5 percent	Upper 50 percent but not upper 25 percent	Lower 50 percent	No basis for rating
Intellectual Capacity					
Imagination and Creativity					
Breadth of General Knowledge					
Ability in Oral Expression					
Clarity and Precision in Written Expression					
Interpersonal Relations					
Perseverance					
Potential in chosen career					

Reference's Printed Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

 Signature of Reference

 Date