

THE CATHOLIC UNIVERSITY OF AMERICA
Metropolitan School of Professional Studies



Recommendation Form

SECTION I (TO BE COMPLETED BY APPLICANT)

STUDENT'S INFORMATION:

Mr. Ms. Mrs.

Last Name

First Name

MI

SECTION II (TO BE COMPLETED BY RECOMMENDER)

The person whose name appears above is applying for admission to pursue an academic program at The Catholic University of America. This form is provided for your use in evaluating the applicant. Please be candid in your assessment. If you wish to provide additional comments about the applicant's qualifications for academic studies, please use the space provided or attach a separate letter of recommendation. Letters should be on your letterhead and include your name and signature along with the applicant's full name.

RECOMMENDER'S INFORMATION:

Last Name

First Name

MI

Organization/Company

Title

Daytime Phone #

How long have you known the applicant?

In what capacity have you known the applicant?

How long has it been since your last direct contact with the applicant?

Please describe the applicant's strengths and his or her potential for:

- Completing a rigorous, accelerated academic program; and
- Assuming a leadership position in his/her proposed program of study.

Abilities and Characteristics		Exceptional	Superior	Above Average	Average	Below Average	Unable to Judge
Ability to complete a rigorous academic program.							
Personal motivation toward a career in the proposed area of study							
Emotional stability							
Integrity							
Intellectual ability							
Responsibility/reliability							
Communication	Oral						
	Written						
Interpersonal Skills							
Quality of relationships	Supervisors						
	Co-workers						
Service orientation (sensitivity/empathy for others)							
Conceptual ability							
Analytical ability							
Initiative toward and potential for scholarly work							
Ability to work independently							
Ability to handle stress							

Additional Comments (or provide a separate letter of recommendation):

Please indicate the strength of your overall recommendation:

Recommend most highly Recommend Recommend with reservations Do not recommend

Signature: _____ Date: _____

Place this recommendation form in an envelope, seal it, and sign across the seal. You may return the form to the applicant or directly to The Catholic University of America, as requested by the applicant. If you have any questions/concerns please feel free to call us at 202-319-5256. You may also fax the form to 202-319-6032.

Mailing Address:

Metropolitan School of Professional Studies
 Pangborn 334
 The Catholic University of America
 620 Michigan Avenue, NE, Washington, DC 20064