APPICANT:
(Note: Recommendations will also be accepted on letterhead from the recommender. However, if you wish to use this form, it may be duplicated.)

Please complete the top portion of the form and give it to your recommender. You should select a person able to evaluate your qualifications for graduate study in the program to which you are applying. For his/her convenience, you should provide a stamped envelope addressed to the FDU campus to which you are applying for admission. Please check the appropriate campus:

☐ Metropolitan Campus
  Graduate Admissions Office, Fairleigh Dickinson University
  1000 River Road, T-KB1-01, Teaneck, NJ 07666

☐ College at Florham
  Graduate Admissions Office, Fairleigh Dickinson University
  285 Madison Avenue, M-MS1-03, Madison, NJ 07940

Name ____________________________________________________________________________________________________________

Last First M.I. Maiden Name

Degree program sought: ____________________________________________________________________________________________

Name of person submitting student's recommendation: ________________________________________________________________

Confidentiality: This form will be retained in the student's file, should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include such forms as this. Fairleigh Dickinson University does not provide access to admissions records to applicants, students who are denied admission or students who decline an offer of admission. Many thanks for your comments and assistance.

_________________________________________ ____________________
Applicant's Signature Date

RECOMMENDER:
Your candid responses will help to evaluate the applicant’s qualifications for admission to the graduate program listed above. Thank you for completing this form.

1) How long have you known the applicant and in what capacity?

___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
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___________________________________________________________________________________________________________________

(continued on next page)
2) Based upon your observation, how would you rate the applicant on the following characteristics:

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>EXCELLENT</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytical Reasoning Skills</td>
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<tr>
<td>Verbal Skills</td>
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<td>Writing Skills</td>
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<td>Research Skills</td>
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<tr>
<td>Maturity</td>
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<td>Leadership</td>
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<td>Responsibility</td>
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</tbody>
</table>

3) How would you endorse the applicant’s request for admission?

- [ ] Highly Recommend
- [ ] Recommend
- [ ] Recommend with Reservation
- [ ] Do Not Recommend
- [ ] No Basis for Recommendation

4) Please indicate below or attach a separate page for other information you may wish to provide, including an explanation of the overall recommendation checked in #3 or other characteristics related to success in the applicant’s proposed field of study.

___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

Recommender’s Name ____________________________________________ Date __________________________________________
Signature ________________________________________________________ Title __________________________________________
Institution or Affiliation____________________________________________ Phone (_______)
City ____________________________________________________________ State _____________ Zip Code ____________