

**CONFIDENTIAL RECOMMENDATION FORM**

**Applicant Information** *(To be completed by the graduate program applicant)*

(please print)

Name \_\_\_\_\_  
Last First Middle Former/Maiden

I agree that the recommendation I am requesting shall be held in confidence by Rider University, and I hereby waive any rights I may have to examine it.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Evaluator Information** *(To be completed by the evaluator of the graduate program applicant)*

(please print)

Name \_\_\_\_\_  
Last First Position/Title

Organization \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/ZIP

Telephone Number \_\_\_\_\_ If necessary, may we contact you? \_\_\_\_\_

May we refer to this recommendation when speaking with the applicant? \_\_\_\_\_

**Instructions for Evaluator**

We are interested in your assessment of the applicant. Please respond to the statements on the front and back of this confidential recommendation form. If you need additional space, please use your own letterhead or stationery. Please provide this confidential recommendation form to the applicant in a sealed envelope, with your signature across the seal, or mail it to:

Office of Graduate Admission  
RIDER UNIVERSITY  
2083 Lawrenceville Road  
Lawrenceville, NJ 08648

If you have any questions about this confidential recommendation form, please call the Office of Graduate Admission at (609) 896-5036. Thank you for your assistance.

1. Under what circumstances and how long have you known the applicant?

2. Please evaluate the applicant in each of the following areas:

	Below Average	Average	Above Average	Excellent	Unable to Judge
Research aptitude					
Intellectual potential					
Ability to work with others					
Leadership skills					
Maturity					
Communication skills: oral					
Communication skills: written					
Problem solving skills					
Motivation for proposed program of study					
Ability to accept constructive criticism					
Performance under stress					
Sensitivity to the needs/concerns of others					
Attention to detail					
Ethical behavior appropriate to the profession					
Potential for success in profession					
Task commitment/initiative					

3. Please elaborate on the categories in #2 above. Also, please comment on the applicant's strengths, areas that need improvement, and how you feel the applicant will perform in the graduate program at Rider University.

4. Additional comments.

Evaluator's Signature \_\_\_\_\_

Date: \_\_\_\_\_