



GRADUATE PROGRAM RECOMMENDATION STATEMENT

TO BE COMPLETED BY APPLICANT:

Name: _____

Schools Attended: _____ Degree: _____

_____ Degree: _____

Please check the graduate program in which you plan to enroll:

- MBA Nursing Philosophy Counseling Education or Educational Administration
 Theology and Christian Ministry

Please check the appropriate line concerning your wish to waive or not waive your right of access to this completed form. Your waiver is not required as a condition for admission, receipt of financial aid, or receipt of benefits or other services from Franciscan University of Steubenville.

Waive Do not waive Signature: _____

TO BE COMPLETED BY A PERSON IN A POSITION TO EVALUATE APPLICANT'S FITNESS FOR ADMISSION TO THE GRADUATE PROGRAM:

1. How long have you known this applicant? _____

In what capacity? _____

2. In your opinion, what is the candidate's overall potential to succeed in graduate study?

- Excellent Good Average Unsatisfactory

3. On the back of this form, please give comments and recommendations as to the candidate's level of maturity, chance of success as a graduate student, and success as a professional worker in the candidate's chosen field. (Please include reservations you may have regarding the above.)

Name: _____

Position or Title: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO THE GRADUATE ADMISSIONS OFFICE
(Fax and E-mail versions accepted)**

Franciscan University of Steubenville
Enrollment Services – Graduate Admissions Office
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