

# RECOMMENDATION FORM

*for Master's Level Courses with Franciscan University of Steubenville  
Distance Learning FUS/DL*

*To be completed by applicant.*

Please fill in the top portion and give this form and a stamped envelope addressed to *Franciscan University of Steubenville Distance Learning* to the person you have chosen for your recommendation.

*Please print or type:*

Name: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
Last First M.I.

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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, or receipt of other services from Franciscan University Distance Learning.

I WAIVE     I DO NOT WAIVE

To be completed by a person who can accurately evaluate the applicant's fitness for admission into the Master's Level DE Program.

1. How long have you known the applicant and in what capacity?
2. In your opinion what is the candidate's overall potential to succeed in graduate studies?  
 Excellent     Good     Average     Unsatisfactory
3. Please give detailed recommendations or reservations as to the candidate's ability to succeed academically in graduate studies.

*Use reverse side if necessary.*

Name of Recommender: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please return this form directly to Franciscan University of Steubenville Distance Learning.



Franciscan University Distance Learning  
1235 University Blvd., Steubenville, OH 43952

1-740-283-6517 or 1-800-466-8336

Fax: 1-740-284-7037