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 of Steubenville

Franciscan University Distance Learning
1235 University Blvd., Steubenville, OH 43952
1-740-283-6517 or 1-800-466-8336
Fax:1-740-284-7037