



Letter of Recommendation for Graduate Study at Mount Mary University

Applicant: _____
Last Name First Name

TO BE COMPLETED BY THE APPLICANT

Place an X next to your program of interest.

	Art Therapy - Doctorate		Counseling – Clinical Mental Health Concentration		Post-Master’s Counseling – School
	Art Therapy - Masters		Counseling – Clinical Rehabilitation Concentration		Food Science
	MBA General Management		Counseling – School Concentration		Education – Professional Development
	MBA Health Systems Leadership		Post-Master’s Counseling – Clinical Mental Health		Education – Waldorf Certification
	Dietetics		Post-Master’s Counseling – Clinical Rehabilitation		Education – Reading Teacher Certification

Place an X giving your permissions to review this recommendation.

_____ I waive access to review this recommendation once completed.

_____ I would like to review this recommendation after it is submitted.

Applicant: _____
Signature (typed signature accepted) Date

Processing Instructions: Once the applicant has completed this section, please forward this document to the reference either via paper or electronic copy.

TO BE COMPLETED BY THE REFERENCE

Name: _____

Title: _____

Company/Organization/School: _____

Street Address, City, State and Zip: _____

Phone: _____ EMail: _____

Reference: _____
Signature (typed signature accepted) Date

Rated Evaluation

Please rate, by placing an X in the appropriate column, the candidate on the following criteria:

Criteria	Cannot Judge	Below Average	Satisfactory	Above Average	Superior
Scholarship					
Motivated, open to learn new ideas					
Personal maturity, self-responsibility					
Oral communication skills					
Written communication skills					
Creative and critical thinking skills					
Range of interpersonal skills					
Ethical decision-making skills in helping others					
Self-concept, self-confidence					
Work or study habits					

Narrative Evaluation

Please attach a narrative evaluation of the applicant. Below are types of questions that could be addressed in the narrative and are provided only as a guide. There is no limitation to the amount of information provided. The more specifically you can describe the applicant's strengths and limitations, the more useful this information will be.

- How long and in what capacity have you known the applicant?
- What do you consider are the applicant's strengths and abilities? Please comment on intellectual ability, creativity, initiative, sensitivity to others, interpersonal effectiveness, reactions to criticism, and communication skills.
- What do you consider are the applicant's limitations?
- In comparison with other students or employees you have worked with in the past five years, how would you describe the applicant's scholarship or work abilities?

Additional Documentation

Please also submit any additional documentation which may help the Graduate Program Admission Committee make a fair decision.

Submission Process

A complete Letter of Recommendation includes this form, a narrative evaluation and any supporting documentation. The Reference Person should send this information

By Mail: Office for Graduate Admissions
Mount Mary University
2900 North Menomonee River Parkway
Milwaukee, WI 53222-4597

By Fax: (414) 930-3709

By E-Mail: mmu-admissop@mtmary.edu