



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 Theology and Christian Ministry Catechetics and Evangelization

(See website for Clinical Mental Health Counseling and Education/Educational Administration recommendation forms.)

Please check the appropriate box 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 or by attached document, 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: _____

Email: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE GRADUATE ADMISSIONS OFFICE.

(Scanned email attachments and faxed copies accepted.)

Franciscan University of Steubenville

Enrollment Services – Graduate Admissions Office

1235 University Blvd.

Steubenville, OH 43952-1763 USA

Tel. 800-783-6220 • Fax: 740-284-5456

GradAdmissions@franciscan.edu • www.franciscan.edu