THE APPLICANT: FILL OUT THIS PART.
Then give this form to the person serving as a reference.

Provide the reference the email address and/or fax number of the Online Graduate Admissions Office, or a stamped, self-addressed envelope.

APPLICANT’S NAME: ________________________________

GRADUATE PROGRAM APPLIED FOR: ________________________________

DESIRE TERM OF ENTRY TO PROGRAM: ________________________________

I DO  DO NOT  waive my right to see the completed Letter of Reference in my file.

APPLICANT’S SIGNATURE: ________________________________ DATE: ________________________________

TO THE PERSON SERVING AS A REFERENCE:

You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.

If you are submitting a separate letter, please return this form with your letter since it contains the applicant’s statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.

Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.

Optional

I would like additional information about The University of Scranton’s online programs for my own educational goals

I would like additional information about The University of Scranton’s online Corporate Partnership programs to offer scholarships to team members at my organization interested in advancing their education
Name of Applicant: __________________________________________________________

For how long and in what capacity have you known the applicant?

How would you rate the applicant’s academic ability for pursuing graduate study in his/her chosen field?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

How would you rate the applicant’s motivation to study at the graduate level?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

How would you rate the applicant’s personal qualities for succeeding in his/her chosen field?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

Provide any other comments you would like to make that will be helpful in evaluating the applicant.

NAME: ________________________________________________________________
TITLE: ________________________________________________________________
ORGANIZATION: _______________________________________________________ EMAIL ADDRESS: __________________________
SIGNATURE: __________________________________ DATE: ________________

Fax to: 866.373.9548   Email to: onlineprograms@scranton.edu   August 2015