

# HOLY NAMES UNIVERSITY

## EDUCATION PROGRAMS

### ACADEMIC RECOMMENDATION FORM

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#### TO BE COMPLETED BY APPLICANT

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Graduate Education Program Applying For \_\_\_\_\_

**Waiver: Sign one of the two statements and print your name and date before giving this form to the person recommending you.**

1. I understand that the amended Family Education Rights and Privacy Act provides that the applicant may waive the right to inspect letters of recommendation respecting admission to any education agency or institution. I hereby waive this right, thus electing to establish a confidential graduate admissions file with Holy Names University. I further understand that confidential letters of recommendation will be withheld from me. If I withdraw or revoke this waiver, confidential letters in my file will be withdrawn for return to the writer, and I will not be permitted to inspect them.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

2. I elect to establish a non-confidential (open) graduate admission file with Holy Names University. Persons from whom letters of recommendation are solicited will understand that I may have access to them.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

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#### TO BE COMPLETED BY THE RECOMMENDER

The person named above is an applicant for admission to an Education program at Holy Names University. To evaluate the applicant, please answer the following questions. We appreciate your insight and participation in the process.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. Please indicate the strengths and weaknesses of the applicant

	Above Average	Average	Below Average	Unknown
◆ Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Potential in intended Field/Career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Based on my observations, this applicant has my

Strongest Recommendation       Recommendation       Recommendation with Reservation

4. Please provide a statement (preferably on letterhead) about the applicant's qualifications and suitability for the intended Education program and return it with this form.

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We are grateful to you for the time and care you have taken in completing this evaluation. If you wish to provide additional information and feedback, please attach an additional statement to this evaluation.

**Return all materials in a sealed envelope to Holy Names University, Office of Admissions, 3500 Mountain Blvd. Oakland, CA 94619-1627.**

**Please type or print**

**Name** \_\_\_\_\_

**Position/Title** \_\_\_\_\_

**Institution or Affiliation** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Be aware that all documentation submitted to Holy Names University as part of your application for admission becomes the property of Holy Names University and will not be returned at any point. All documents will be held as part of the applicant record in accordance with HNU academic policy. Students who do not enroll within two years of the date of their original application will be required to re-submit all required official documentation as part of their re-application for admission. Students who enroll and then pursue a leave of absence from HNU for a period of five years or longer, will be required to re-submit all required official documentation and re-apply for admission.