



# Widener University

## WIDENER UNIVERSITY GRADUATE PROGRAMS

### CONFIDENTIAL RECOMMENDATION FORM

I  have  have not waived access to this recommendation.

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

**TO THE APPLICANT:** You MUST complete items (1) through (6) on this form. Please type or print.

1. Name of applicant (last, first, middle) \_\_\_\_\_
2. Degree Desired <Master's f gi tgg \_\_\_\_\_
3. Program Desired: \_\_\_\_\_
4. Deadline for Returning Recommendation to the Applicant for Inclusion in Application Packet:  
ASAP
5. Name of Recommender: \_\_\_\_\_
6. Position: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. Telephone:(include area code)\_\_\_\_\_

**TO THE RECOMMENDER:** When you have completed and signed this recommendation, place it in an envelope, seal the envelope, sign your name across the sealed flap, and return the recommendation to the following address:

Widener University Online Admissions  
1415 W. 22nd Street, Suite 500  
Oak Brook, IL 60523

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the applicant have the necessary attributes in scholarship and character worthy of undertaking graduate studies? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Do you know of any weakness which might limit the applicant's chances for success in graduate work?

\_\_\_\_\_

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D. How well does the applicant express him/herself orally and in writing?

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E. In comparison with other students whom you have had during the past five years, how does the applicant rank in scholarship?

Best in years  Top 10%  Good Average

Clinics (when applicable): Please rank in clinical ability.

Best in years  Top 10%  Good Average

F. If there was an opportunity, would you accept the applicant for a O aster's"f gi tgg  
"" Not Applicable "" Yes "" No, please explain.

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G. We would greatly appreciate any additional remarks which might help the Committee make a fair and proper decision concerning this applicant. Please make note of any attributes of maturity, personality, motivation, and aptitude which will further describe the applicant. Continue on additional sheet if necessary.

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