The Graduate School Recommendation

Name: (print or type)_________________________________(Maiden)____________________

Student ID#_________________________ Department:___________________________________

In recommending this student for admission to The Graduate School at the University of Saint Joseph, please address the following areas:

- Student's ability to do Graduate work
- Student's potential for intellectual growth
- Student's motivation
- If Student is enrolled in a Teacher Certification Program, please indicate the student’s potential and suitability for teaching

Please be as specific as possible giving evidence to your statements. Please use professional or personal letterhead.

Also, please rank the individual on the following dispositions:

<table>
<thead>
<tr>
<th>Dispositions</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Professional Responsibility</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Professional Characteristics</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Please return this original to the Office of Graduate Admissions and Academic Services. A copy must also be forwarded to the Certification Office (when applicable). Mailing address for both is 1678 Asylum Ave., West Hartford, CT 06117

_______________________________________ ________________________________
Signature      Business Name/Address

_______________________________________ ________________________________
Name (Typed or Printed)    Phone Number

_______________________________________ ________________________________
Title       Date

June 2012