



SAINT JOSEPH COLLEGE

CONNECTICUT

The Graduate School Recommendation

Name: (print or type) _____ (Maiden) _____

Student ID# _____ Department: _____

In addition to your formal letter of recommendation for admission to The Graduate School at Saint Joseph College on behalf of this student, 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 Licensure 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:

<u>Dispositions:</u>	Low			High
Personal and Professional Responsibility	1	2	3	4
Professional Characteristics	1	2	3	4
Interpersonal Relationships	1	2	3	4

Please return this original to The Graduate School. A copy must also be forwarded to the Licensure 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