

Barry University

Recommendation Form - Confidential

GRADUATE PROGRAMS

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors – not a colleague, friend, or relative) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE 2nd Avenue, Miami, FL 33161. The recommender may also send this form from an official (institutional or corporate) email address to gradadmissions@barry.edu.

Social Security Number* or Barry ID Number _____
(Used for identification purposes only)

Name _____
Last First Middle

Address _____
Street City State ZIP

Program _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive any right of access I may have to this recommendation form.

I do not waive any right of access I may have to this recommendation form.

Signature

Date

TO THE RESPONDENT: The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below. **(Please do not complete this form unless the waiver option above is indicated and the form is signed by the applicant.)**

(Please print or type) You may also submit your recommendation from an OFFICIAL email address to gradadmissions@barry.edu.

1. I have known the applicant as an undergraduate student; a graduate student; other _____

2. I have known the applicant since _____, in my position as _____

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

3. Please provide other comments related to the applicant’s potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant:

Not at all	Moderately	Enthusiastically
1 2 3	4 5 6	7 8 9

Signature of the Respondent _____

Name _____ Date _____

Title _____ Phone (____) _____ Ext. _____

Email _____

Company/Institution _____

Address _____

City _____ State _____ ZIP _____

Please mail form directly to:



DIVISION OF ENROLLMENT SERVICES

11300 NE 2nd Avenue, Miami, FL 33161
gradadmissions@barry.edu

Office of Admissions: 305.899.3100
Office of Financial Aid: 305.899.3100
Toll-free Admissions and Financial Aid: 800.695.2279
Fax: 305.899.2971

barry.edu