

Programs Application

Letter of Recommendation

Applicant's Name		
Last	First	MI
ntended Program of Study		
Please enter your name on the line above and delive Recommenders are generally current/former profest ecommendation to onlineadmission@sju.edu. Let no lude a handwritten signature. You can also fax	ssors and/or supervisors. When co ters of Recommendation should b	omplete, please email the letter of
Saint Joseph's University Online Admissions Processing Center Foll Free Fax: 866-758-7659 Toll Free Phone: 866-	758-7670	
Name of Recommender:		
Email Address/Phone:		
Relationship to Applicant:		
Naiver: I understand under the U.S. Family Educa confidential recommendation when it becomes a part		
☐ Do ☐ Do Not waive the right to rev	iew this document	
Applicant's Signature		Date
o Be Completed by the Recommender:		

Committee would appreciate your assessment of the applicant to assure that the person will be a qualified student. The Committee assures you that your assistance is helpful in the admissions process and, in many cases, becomes the deciding factor.

Please return this document with your letter of recommendation. Thank you for your contribution.

The following questions are provided to assist you in developing your response. Please return the typed letter of recommendation on company letterhead with a handwritten signature and include your contact information.

- -How long have you known the candidate and what is your relationship?
- -What are the applicant's outstanding talents and strengths? Liabilities or weaknesses?
- -How well do you think the applicant has developed his or her plans for study?
- -How well do you think the candidate may perform in school where independent thought and action, excellent interpersonal communication, and mature handling of responsibilities are required to meet course and school objectives?