

Our Lady of Holy Cross College Graduate Program
Recommendation of Applicant

To be completed by the applicant:

Mr./Ms./Mrs. _____

Address _____

_____ Zip _____

Social Security Number _____ Telephone Number _____

Anticipated Degree Program: M.Ed. _____ M.A. _____ MAT _____

Concentration:

Educational Leadership	_____
Curriculum and Instruction	_____
Initial Certification	_____
Counseling: Marriage and Family	_____
Counseling: School	_____
Counseling: Community	_____
Theology	_____

CONFIDENTIALITY

Our Lady of Holy Cross College conforms to the provision of the *Family Educational Rights and Privacy Act (FERPA) of 1974*. Students enrolled in the Graduate Program have access to recommendations written on their behalf unless they have waived that right.

TO THE APPLICANT

Please indicate your choice by dating and signing the appropriate statement. Note that you need not waive your right of access to this recommendation. Your decision is not a condition for admission, for an award of financial aid, or for any other benefits and services that you might receive from Our Lady of Holy Cross College.

_____ I hereby waive my right of access to this recommendation.

Print Name _____

Signature _____

Date _____

_____ I do not waive my right of access to this recommendation.

Print Name _____

Signature _____

Date _____

If the applicant waives the right of access to this recommendation, your evaluation will be held in confidence from the subject and from all other parties except program faculty and staff members responsible for admissions and financial aid. After enrollment in the graduate program, a student who has not waived the right of access by signing the appropriate statement on this form will be permitted to see the recommendation upon request.

TO BE COMPLETED BY THE SPONSOR

Applicant's NAME _____

(PRINT)

1. How long have you known the applicant? _____
2. From what association do you know the applicant? _____
3. In the blanks provided, please indicate your overall evaluation of the applicant.
I consider the applicant to be in the upper 5% __, the upper 10% __, the upper 25% __,
the upper 33% __, the upper 50% __, the lower 50% __ of the students I have taught.
4. Please rate the applicant with respect to specific attributes for graduate study by placing a check mark in the appropriate space. (1=excellent; 2=good; 3= average, 4=below average, Unknown)

	1	2	3	4	Unknown
Scholarship					
Emotional Stability					
Character					
Creativity					
Drive and Persistence					
Ability to work independently					
Ability to collaborate with others					
Potential for leadership or teaching					
Ability as a writer					
Skill in oral discussion/presentation					

5. In your opinion, does the applicant have the intellectual curiosity that is essential for graduate study?
6. Is the applicant able to initiate and complete projects with a minimum of help or direction?
7. Can the applicant be relied upon to meet deadlines with reasonable promptness and regularity?
8. On the back of this form, please elaborate on any aspect of the applicant's background or accomplishments (positive or negative) about which you would to comment that would assist us in making an informed decision.

Print Sponsor's Name _____

Sponsor's Signature _____

Sponsor's Position _____

Date _____

Mail to: **Office of Enrollment Services: Our Lady of Holy Cross College, 4123 Woodland Drive, New Orleans, LA 70131**

I, _____ have
(please print your full name)

read, and do understand, the information presented in this guide for
master's degree students.

Your name

Date

Please return this signed page to:

Dr. Carmen Riedlinger
Chair of Graduate Programs
4123 Woodland Drive
New Orleans, La. 70131

-or-

Slip under Dr. Riedlinger's door - Faculty Office #15 - in an envelope
by September 15th.

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