

Applicant's Letter of Reference

Please return directly to:

Molloy College

Office of Admissions/Graduate Programs

1000 Hempstead Avenue

P.O. Box 5002

Rockville Centre, NY 11571-5002

Part A. To Be Completed by Applicant

I hereby waive my right of access to information recorded on this form and any supplementary sheets attached to it.

Applicant's Signature _____ Date _____

Name of Applicant _____
Last Name First Name Middle Name

Social Security # _____

Address of Applicant _____
Number Street

_____ *City State Zip*

Please check program to which you are applying:

Business Administration:

- | | | |
|---|---|---|
| <input type="checkbox"/> M.B.A. Management | <input type="checkbox"/> M.B.A. Finance | <input type="checkbox"/> M.B.A. Marketing/Accounting |
| <input type="checkbox"/> M.B.A. Accounting/Finance | <input type="checkbox"/> M.B.A. Healthcare | <input type="checkbox"/> M.B.A. Marketing/Management |
| <input type="checkbox"/> M.B.A. Finance/Management | <input type="checkbox"/> M.B.A. Healthcare/Management | <input type="checkbox"/> M.B.A. Marketing/Finance |
| <input type="checkbox"/> M.B.A. Marketing | <input type="checkbox"/> M.B.A. Healthcare/Finance | <input type="checkbox"/> M.B.A. Personal Financial Planning |
| <input type="checkbox"/> M.B.A. Accounting | <input type="checkbox"/> M.B.A. Healthcare/Marketing | |
| <input type="checkbox"/> M.B.A. Accounting/Management | <input type="checkbox"/> M.B.A. Healthcare/Accounting | |

Clinical Mental Health Counseling: M.S. Clinical Mental Health Counseling

Criminal Justice: M.S. Criminal Justice

Music Therapy: M.S. Music Therapy

Nursing:

- | | |
|--|--|
| <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Family Psychiatric Mental Health Nurse Practitioner |
| <input type="checkbox"/> Nursing Administration with Informatics | <input type="checkbox"/> Pediatric Nurse Practitioner-Primary Care |
| <input type="checkbox"/> Adult-Gerontology Primary Care Nurse Practitioner | <input type="checkbox"/> Clinical Nurse Specialist: Adult-Gerontology Health |
| <input type="checkbox"/> Family Nurse Practitioner-Primary Care | <input type="checkbox"/> M.S./M.B.A. in Nursing Administration with Informatics/Healthcare |

Speech Language Pathology: M.S. Speech Language Pathology

Education:

Initial or Dual Certification:

- Childhood Education
- Adolescent Education
- Early Childhood/Childhood Education
- Teacher of Students with Disabilities/Childhood Education
- Teacher of English to Speakers of Other Languages/Childhood Education
- Teacher of Students with Disabilities Generalist/Adolescent Education
- Teacher of English to Speakers of Other Languages/Adolescent Education

Professional Certification:

- Childhood Education
- Adolescent Education

Additional Initial Certification
(for students already possessing
an initial certification):

- Teacher of Students with Disabilities in Childhood Education
- Teacher of Students with Disabilities in Adolescent Education Generalist
- Teacher of English to Speakers of Other Languages
- Teacher of Educational Technology

Part B. To Be Completed by Person Providing Reference

Name _____

Please Print

Position _____ Phone _____

Business Address _____

Company Name

Street Address _____ City _____ State _____ Zip Code _____

How long have you known the candidate? _____ In what capacity? _____

PLEASE CHECK EACH SECTION	Outstanding Upper 10%	Very Good Upper 25%	Average Upper 50%	Below Average Lower 50%	No basis for Judgement/ Not Applicable
Intellectual Ability					
Breadth of general knowledge					
Emotional Maturity					
Imagination and Creativity					
Oral Expression					
Writing Ability					
Ability to work with others					
Perseverance					
Clinical proficiency					
Potential as a professional					

Do you recommend the applicant for graduate study? Yes No

Please comment on the applicant's ability to pursue graduate study.

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Business Address _____

Company Name

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Writing Ability					
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Perseverance					
Clinical proficiency					
Potential as a professional					

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No

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Date _____

EMPLOYMENT HISTORY

Please list each full-time position, summer job and significant part-time job you have held in the space below. Please include military service.

DATES INSTITUTION CITY, STATE TITLE or NATURE OF WORK

HONORS AND AWARDS

Please include academic and non-academic recognition you have received.

MEMBERSHIPS AND SERVICE

List the professional and community organizations in which you are or have been active.

PROFESSIONAL GOALS STATEMENT

On a separate sheet of paper, please provide a statement of your professional goals and aspirations. It should be typewritten and about one page in length.

SOCIAL RESPONSIBILITY STATEMENT (for M.B.A. applicants only)

On a separate sheet of paper, please provide a persuasive statement on social responsibility and the role that business leaders should play both locally and abroad (approximately 200-300 words)