

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:

- M.B.A Management
- M.B.A. Accounting
- M.B.A. Marketing
- M.B.A. Finance
- M.B.A. Healthcare (15 months)

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.

Reference _____ Date _____

Signature

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