

## 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. Personal Financial Planning  
 M.B.A. Finance

**Criminal Justice:**  M.S. Criminal Justice

**Music Therapy:**  M.S. Music Therapy

**Nursing:**  CNS: Adult Health  Nurse Practitioner:  Adult  Pediatric  
 Nursing Education  Family  Psychiatry  
 Nursing Administration with Informatics

**Speech Language Pathology:**  M.S. Speech Language Pathology

#### **Education:**

Initial Certification:  Teacher of Childhood Education grades 1-6  
 Teacher of Adolescent Education grades 7-12

Dual Initial Certification:  Teacher of Early Childhood Education/Childhood Education  
 TESOL/Teacher of Childhood Education  
 TESOL/Teacher of Adolescent Education  
 Teaching Students with Disabilities in Childhood Education/Childhood Education  
 Teaching Students with Disabilities in Adolescent Education/Adolescent Education

Professional Certification:  Teacher of Childhood Education grades 1-6  
 Teacher of Adolescent Education grades 7-12  
 Teacher of English to Speakers of Other Languages (TESOL)  
 Teaching Students with Disabilities in Childhood Education/Childhood Education  
 Teaching Students with Disabilities in Adolescent Education/Adolescent Education

**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? \_\_\_\_\_

<b>Please Check Each Section</b>	<i>Outstanding Upper 10%</i>	<i>Very Good Upper 25%</i>	<i>Average Upper 50%</i>	<i>Below Average Lower 50%</i>	<i>No basis for Judgment/ Not Applicable</i>
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 \_\_\_\_\_

*Signature*

Date \_\_\_\_\_



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*Last Name*

*First Name*

*Middle Name*

Social Security # \_\_\_\_\_

Address of Applicant \_\_\_\_\_

*Number*

*Street*

\_\_\_\_\_

*City*

*State*

*Zip*

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