GRADUATE BUSINESS PROGRAMS - RECOMMENDATION LETTER COVER SHEET

John Carroll University thanks you for taking the time to assist in the process of evaluating this applicant for admission to our graduate business program. Recommendations that supply relevant information about an applicant not disclosed by college transcripts, test scores, and scholastic evaluations are most helpful. Please type or print all information requested on this form. Letters and covers sheets must be submitted directly from the recommender.

TO BE COMPLETED BY THE APPLICANT

Name: ___________________________ Last __________ First __________ Middle Initial __________

Email: ___________________________ Phone: ___________________________

Graduate Business Program: ___________________________

Important - Confidentiality: Federal law enables you to have access to this recommendation in the future. An applicant may waive this right but cannot be required to do so by a school or person. If, in spite of the existence of this federal law, you wish to waive your right of access in expectation that it may produce a more candid evaluation, please check statement A below. If you choose not to waive your right of access to this information, please check statement B below.

☐ A. I waive my right of access to this recommendation and authorize the author of this recommendation to provide an evaluation of me to John Carroll University.

☐ B. I do not waive my right of access to this recommendation, but authorize the author of this recommendation to provide an evaluation of me to John Carroll University.

Signature ___________________________ Date ___________________________

TO BE COMPLETED BY THE RECOMMENDER

Name: ___________________________ Title: ___________________________

Address: ___________________________

Email: ___________________________ Phone: ___________________________

How long have you known the applicant?

☐ Less than 1 year  ☐ 1 – 2 years  ☐ 2 – 3 years  ☐ 3 – 5 years  ☐ More than 5 years

Signature ___________________________ Date ___________________________

Please attach a letter of recommendation, preferably on letterhead. Describe in some detail your judgment of the applicant’s ability to undertake and succeed in graduate studies. Please include the capacity in which you have known the applicant and any other pertinent details that would help us assess the candidate’s potential as a graduate student.

PLEASE RETURN THIS FORM AND YOUR RECOMMENDATION LETTER TO:

gradbusiness@jcu.edu OR

Graduate Business Programs | Boler School of Business | John Carroll University
1 John Carroll Boulevard | University Heights, OH 44118 | 216.397.1970