

School of Business Graduate Applicant's Letter of Reference Form

Part A. To Be Completed By Applicant

Letter must be written by academic or professional reference. Letter from family/friend will not be accepted.

Name _____ Other name(s) used on transcripts _____

Address _____
Street City State ZIP

Social Security Number* _____

*Your Social Security Number will be used by the Office of University Graduate Admissions for identification purposes only. The Social Security Number is used to ensure the proper identification of transcripts and other application materials that may arrive under a married or changed name.

Telephone Number _____

Please indicate the program of study you are applying for:

M.B.A. Specializations:

- ☐ M.B.A. Accounting
- ☐ M.B.A. Finance
- ☐ M.B.A. Health Services Administration
- ☐ M.B.A. Human Resource Management
- ☐ M.B.A. Management Information Systems
- ☐ M.B.A. Marketing
- ☐ M.B.A. Sport Management

M.B.A. No Specialization:

- ☐ M.B.A. Management

M.B.A. Accelerated:

- ☐ M.B.A. GOAL M.B.A. (Graduate Opportunity for Accelerated Learning)

Certificate Program:

- ☐ CAGS Advanced Certificate in Human Resource Management

Special Program Locations:

- ☐ Garden City ☐ St. Francis Hospital ☐ Catholic Health Services

I HEREBY WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Signature _____ Date _____

Part B. Narrative—To Be Completed By Recommender (Please attach a typewritten narrative to this form.)

Name _____

Signature _____ Date _____

Employer _____ Title _____

Address _____

Number of years you have known the applicant _____

In what capacity? _____

As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant's character and personality, and your judgment regarding the candidate's ability to master advanced study in his/her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant's unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to:

Adelphi University
Office of University Graduate Admissions
One South Avenue
P.O. Box 701
Garden City, NY 11530-0701

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.