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RECOMMENDATION FOR GRADUATE STUDY

APPLICANT

Full (Legal) Name: _____

Date of Birth: _____

Program of Study: _____

Proposed start of Studies: _____

Under Public Law 93.390, the applicant has the choice regarding access to information contained in their student files, including letters of recommendation. That said, the applicant must complete the following statement by circling their answer and signing below. Your right to review this form is considered waived if you do not check a response:

I hereby waive OR do not waive access to this letter.

Applicant Signature: _____ Date: _____

RECOMMENDER

Our graduate admissions procedures require the applicant to collect the completed letter of recommendation as part of their application. Once completed, the recommendation is returned to the applicant in a sealed envelope that bears your signature on the seal. The applicant will send the unopened recommendation letter to the university with their completed graduate application. We are very cognizant of the time and effort required to complete this evaluation and gratefully acknowledge your assistance. Please complete the information or fill in the boxes as required:

How long have you known applicant? _____

How have you known the applicant? _____

Evaluation Criteria	Excellent	Above Average	Average	Below Average	Did not Observe
Ability to communicate					
Initiative					
Self-confidence					
Motivation					
Perseverance					
Analytical skills					
Research ability					
Quantitative ability					
Professional knowledge					

Overall Rating Excellent Strong Average Fair Poor

Contact information (**PRINT**):

Name: _____ Date: _____

Address: _____

Phone number: _____ Cell number: _____ Email Address: _____

Recommender Signature: _____ Date: _____