

To be completed by the applicant:

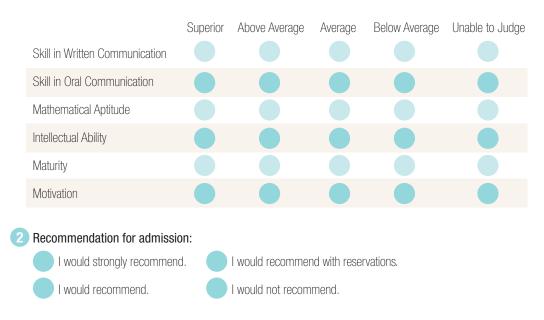
| Name | | |
|---------|-------|-----|
| Address | | |
| | | |
| City | State | Zip |
| | | |

Optional waiver of rights: I hereby waive my right to access this recommendation and any appropriate attachments. I understand that this confidential information is to be used solely for the purpose of admission to Ohio Dominican University.

| Applicant's Signature | Date |
|-----------------------|------|
| | |

The person whose name appears above is applying to the Ohio Dominican University School of Graduate Studies. The applicant has requested that your recommendation be included in the admission process. Your candid evaluation of the applicant's readiness and capability for graduate studies will provide helpful input. Complete the checklist below and elaborate on the applicant's qualities in your written statement on your institution/organization's letterhead. The information supplied in this form will be held in strict confidence and will be used only for the purpose of assessing the applicant's qualifications for admission.

1 Please rate the applicant's potential to do graduate work:



| OHIO DOMINICAN UNIVERSITY" Extract 19 ¹ Recomme | endation for Graduate Ad | dmission | |
|--|--|---|--|
| 3 Does this person's GPA reflect h | nis/her ability in your opinion? | | |
| Yes No Unable t | o Comment | | |
| If no, please comment | | | |
| | | | |
| | | | |
| Address the following areas on graduate studies. Include the fo | | escribing the applicant's qualities as they relate to | |
| Your impressions of the applicant | intellectual ability, capacity for analytical thinking, 's openness to new ideas, flexibility, ability to work as to be taken into consideration that might impact | | |
| Address your letter to: Ohio Dominican University Office of Graduate Admissions 1216 Sunbury Road | Attention: Please remember to include this completed for | orm with your letter. | |
| Columbus, Ohio 43219 | | | |
| | ou, by phone, to obtain additional information | | |
| Signature | | Date | |
| Print Name | | | |
| Position/Title | | Organization | |
| Address | | Phone | |
| City | State | Zip | |

Thank you for your cooperation and effort in providing this information.