RECOMMENDATION FORM

Marymount Manhattan College
Office of Admissions
221 East 71st Street
New York, NY 10021

TO THE APPLICANT:

Please complete the top section of the MMC Recommendation Form. **High School students:** Give this form to a teacher, guidance counselor or college advisor. **Transfer students:** Give to your transfer counselor, or to a faculty member who is in a position to evaluate your academic performance and capabilities. **Returning adult students:** Give to your employer, supervisor, community leader or colleague (please print).

TO THE TEACHER, COUNSELOR, OR EMPLOYER:

This student has applied for admission to Marymount Manhattan College. The Admissions Committee finds candid evaluations helpful in choosing among highly qualified candidates and therefore asks your help in appraising the applicant. We thank you sincerely for your time and professional judgment.

NAME OF APPLICANT _____
Last First Middle

Social Security # _____ Birth date _____

School now attending _____

Or

Current employer _____

TO BE COMPLETED BY TEACHER, COUNSELOR OR EMPLOYER:

How familiar are you with Marymount Manhattan? ❑ Very ❑ Somewhat ❑ Not at all

How long have you known the applicant? _____

Note any capacity in which you have known the applicant outside the classroom OR workplace. (Family friend, etc.)

_____
_____
_____

List the courses you have taught the applicant, noting for each course the applicant's year in school (11th, 12th), the level of the course difficulty (AP, elective), and the applicant's grade, OR describe the amount of contact you have with the applicant.

_____
_____
_____

From your experience, how would you rate this applicant in terms of the following qualities, compared to other students applying to selective colleges:

	NO BASIS	BELOW AVERAGE	AVERAGE	GOOD (above average)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)	ONE OF THE TOP 2% ENCOUNTERED THIS YEAR
❑	Creative, original thought	❑	❑	❑	❑	❑	❑
❑	Sense of humor	❑	❑	❑	❑	❑	❑
❑	Motivation	❑	❑	❑	❑	❑	❑
❑	Independence, initiative	❑	❑	❑	❑	❑	❑
❑	Intellectual ability	❑	❑	❑	❑	❑	❑
❑	Academic achievement	❑	❑	❑	❑	❑	❑
❑	Written expression of ideas	❑	❑	❑	❑	❑	❑
❑	Effective class/group discussion	❑	❑	❑	❑	❑	❑
❑	Disciplined work habits	❑	❑	❑	❑	❑	❑
❑	Potential for growth	❑	❑	❑	❑	❑	❑

Appraisal of intellectual capabilities:

Appraisal of personal characteristics:

Signature _____ Date _____

Name (print) _____

Title/Department _____

School _____

School Address _____

Phone _____ Email _____

OR

Title _____

Company or Business _____

Business Address _____

Phone _____ Email _____

Please send this form to:

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