

# RECOMMENDATION FORM

Felician College • Office of Admission • One Felician Way • Rutherford, NJ 07070  
Phone: 201.355.1465 • Fax: 201.355.1443 • admissions@felician.edu • felician.edu

*Please copy this form if you need more than two recommendations.*

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## TO BE COMPLETED BY APPLICANT

-----  
Applicant's Name

-----  
Address

City

State

ZIP

-----  
Country

-----  
Phone

E-mail

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Program for which you are applying

The Educational Amendments Act of 1974 (public law 93-380) allows students the right to inspect recommendations if the applicant does not waive this right and subsequently enrolls at the college. Please check below to indicate if you wish to waive the right to inspect recommendations in your file:

Yes, I waive my right.    No, I do not waive my right.

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Signature

Date

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## TO BE COMPLETED BY RECOMMENDER

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Recommender's Name

Title

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Phone

Relation to the applicant

How long have you known the applicant?

Please check the appropriate box to indicate the candidate's qualities in each category:

Qualities	Below Average	Average	Very Good	Excellent	No Basis For Judgement
Analytical skills					
Verbal skills					
Writing skills					
Leadership ability					
Maturity					
Initiative					
Motivation					
Dependability					

*Please complete the reverse side.*

