

**TO BE COMPLETED BY APPLICANT.**

Name \_\_\_\_\_  
(DR., MR., MRS., MS., MISS) LAST FIRST MIDDLE INITIAL

I hereby waive any rights to examine this recommendation form. I understand that Bay Path University will hold this information in confidence.  Yes  No

► APPLICANT'S SIGNATURE \_\_\_\_\_  
A DIGITAL OR WRITTEN SIGNATURE WILL BE ACCEPTED.

**PLEASE SELECT YOUR DEGREE PREFERENCE**

- |   |   |
|---|---|
| Accounting (MS)                                       | Certificate in Autism Spectrum Disorders                |
| Applied Behavior Analysis (MS)                        | Certificate in Early Intervention                       |
| Applied Data Science (MS)                             | Certificate in Emerging Media & Communications          |
| Applied Laboratory Science & Operations (MS)          | Certificate in Enrollment Management                    |
| Clinical Mental Health Counseling (MS)                | Certificate in Information Management                   |
| Communications (MS)                                   | Certificate in Language & Literacy                      |
| Communications & Information Management (MS)          | Certificate in Leadership & Negotiation                 |
| Creative Nonfiction (MFA)                             | Certificate in Nonprofit Governance                     |
| Curriculum & Instruction (MSEd/EdS)                   | Certificate in Nonprofit Management                     |
| Cybersecurity Management (MS)                         | Certificate in Online Teaching & Program Administration |
| Developmental Psychology (MS)                         | Certificate in Strategic Fundraising                    |
| English as a Second Language (MSEd)                   |   |
| Entrepreneurial Thinking & Innovative Practices (MBA) |   |
| Higher Education Administration (MS)                  |   |
| Information Management (MS)                           |   |
| Leadership & Negotiation (MS)                         |   |
| Nonprofit Management & Philanthropy (MS)              |   |
| Special Education (MSEd/EdS)                          |   |
| Special Education Administrator (MSEd/EdS)            |   |
| Strategic Fundraising & Philanthropy (MS)             |   |

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Recommender \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

1. How long and in what capacity have you known the applicant?
2. Are you aware of the applicant's academic record?  Yes  No
3. Do you believe that the applicant is prepared academically for the challenges of the graduate program?  Yes  No
4. Do you feel the applicant is prepared emotionally for the challenges of the graduate program?  Yes  No

*Continued on reverse. ►*

5. Please rate the applicant in each of the following areas

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you consider the applicant's achievements thus far to be a true indication of his/her ability?  Yes  No

Please explain your response.

7. **Summary evaluation.** Please indicate your overall recommendation for this applicant

Highly recommend  Recommend  Recommend with reservations  Do not recommend

8. Please provide a written evaluation of the applicant for the Graduate Admissions Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful to the committee in its selection process. You may use this sheet or attach your evaluation.

► RECOMMENDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

A DIGITAL OR WRITTEN SIGNATURE WILL BE ACCEPTED.

## SUBMIT YOUR RECOMMENDATION

Please mail, fax, scan, or email this form to your preferred campus.

For students attending programs at the following:  
**LONGMEADOW, EAST LONGMEADOW, or ONLINE**

Bay Path University  
Office of Graduate Admissions  
588 Longmeadow Street  
Longmeadow, MA 01106  
Fax: 413.565.1250  
Email: graduate@baypath.edu

For students attending programs at the following:  
**CONCORD or STURBRIDGE**

Bay Path University  
Office of Graduate Admissions  
521 Virginia Road  
Concord, MA 01742  
Fax: 978.369.1860  
Email: dbrant@baypath.edu