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. Please feel free to provide additional comments on a separate sheet or attach a letter of recommendation you've already written for this student. We thank you sincerely for your time and professional judgment.

| Name of Applicant   |                            |                  |                         |                                   |                        |  |
|---|----------------------------|------------------|-------------------------|-----------------------------------|------------------------|--|
| Address   |                            |                  |                         |                                   |                        |  |
| City  |                            |                  |                         | State                             | Zip                    |  |
| Social Security #   |                            |                  | Birth date              |                                   |                        |  |
| School now attending  |                            |                  |                         |                                   |                        |  |
| Or  |                            |                  |                         |                                   |                        |  |
| Current employer  |                            |                  |                         |                                   |                        |  |
| I recognize the confidential nature of t  | his document a             | nd I: 🖵 do 🖵 do  | o not waive my righ     | t to access.                      |                        |  |
| Signature   |                            |                  |                         | Date                              |                        |  |
| TO BE COMPLETED BY TEACH  | IER, COUNS                 | ELOR OR EM       | IPLOYER:                |                                   |                        |  |
| How familiar are you with Marymoun  | t Manhattan? 🗔             | Very □ Some      | ewhat 🚨 Not at all      |                                   |                        |  |
| How long have you known the applica   | ınt?                       |                  |                         |                                   |                        |  |
| Note any capacity in which you have l   | known the appli            | cant outside the | e classroom OR wor      | kplace. (Family friend            | etc.)                  |  |
|   |                            |                  |                         |                                   |                        |  |
|   |                            |                  |                         |                                   |                        |  |
| List the courses you have taught the ap<br>(AP, elective), and the applicant's grad |                            |                  |                         |                                   | , the level of the     | course difficulty                          |
| From your experience, how would you   | ı rate this applic         | ant in terms of  | the following qualit    | ies, compared to other            | students               |  |
| applying to selective colleges:   |                            |                  | 0000                    |                                   |                        |  |
| NO<br>BASIS   | B E L O W<br>A V E R A G E | AVERAGE          | GOOD<br>(above average) | VERY GOOD<br>(WELL ABOVE AVERAGE) | EXCELLENT<br>(TOP 10%) | ONE OF THE TOP 2%<br>ENCOUNTERED THIS YEAR |
| Creative, original thought  |                            |                  | 0                       |                                   |                        |  |
| ☐ Sense of humor  |                            |                  | ū                       | ū                                 |                        |  |
| ☐ Motivation  |                            |                  | ū                       | ū                                 |                        |  |
| ☐ Independence, initiative  |                            |                  |                         |                                   |                        |  |
| Intellectual ability  | <u> </u>                   |                  | <u> </u>                | <u> </u>                          |                        |  |
| Academic achievement  |                            |                  |                         | <u> </u>                          |                        |  |
| Written expression of ideas   |                            | <u> </u>         |                         | <u> </u>                          |                        |  |
| Effective class/group discussion  |                            |                  |                         | <u> </u>                          |                        |  |
| Disciplined work habits   |                            |                  |                         | <u> </u>                          |                        |  |
| Potential for growth  |                            |                  |                         |                                   |                        |  |

| Appraisal of intellectual capabilities: |                    |  |
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| Appraisal of personal characteristics:  |                    |  |
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| Signature                               | Date               |  |
|   |                    |  |
| Name (print)                            |                    |  |
| Title/Department                        | School             |  |
| School Address                          |                    |  |
| Phone                                   | Email              |  |
| OR                                      |                    |  |
| Title                                   | _Company/Business_ |  |
| Business Address                        |                    |  |
| Phone                                   | Email              |  |