

# EVENING/ONLINE PROGRAMS

## Recommendation Letter

**Section 1: To be completed and signed by applicant.**

Name of Applicant \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

I am applying for admission to Fontbonne to earn my:     Bachelor's degree                       Master's degree

I choose to:         Review my recommendation                       Waive the right to review my recommendation

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: To be completed and signed by a supervisor or business reference.**

Name of Reference \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Position or Title \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

**Please rate the applicant using the following criteria and complete comments below.**

Applicant Demonstrates	Low	Medium	High	Unknown
Initiative and organizational skills				
Ability to work with others				
Intellectual ability				
Motivation to succeed				
Interest in current events/issues				

**Include comments, attaching an addendum if space provided is not sufficient.**

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Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Fontbonne University, 6800 Wydown Blvd., St. Louis, MO 63105  
**Fax to:** 314-719-3658