



VILLANOVA School of Business

OFFICE OF GRADUATE BUSINESS PROGRAMS

Bartley Hall, Room 1074

800 Lancaster Ave

Villanova, Pennsylvania 19085-1678

CONFIDENTIAL RECOMMENDATION FORM

To THE APPLICANT:

Name: _____

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to the program at Villanova University may either waive or reserve the right to see this confidential recommendation after it has been completed. Please indicate your choice below before submitting this form to be completed.

_____ I waive the right to see this recommendation form after it has been completed.

_____ I reserve the right to see this recommendation form after it has been completed.

SIGNATURE OF APPLICANT

DATE

To THE PERSON COMPLETING THIS RECOMMENDATION:

The person whose name appears above is applying for admission to one of Villanova University's Master of Church Management Program. Your assessment of this applicant will be very helpful to our Admissions Committee. Please complete this form. In addition, we ask that you write a one page letter on behalf of the applicant addressing the length of time you have known the applicant, basis of the relationship, his/her strengths, and his/her areas for improvement.

In compliance with Section 504 of the Rehabilitation Act of 1973, those providing letters of recommendation are asked not to refer directly or indirectly to an applicant's handicap or physical disability.

Please print:

Your full name _____

Position / Title _____

Organization _____

Address _____

Work Telephone (_____) _____

After completing the form and letter, please return it to the Villanova School of Business.