



WENTWORTH

Institute of Technology

College of Professional and Continuing Education

THE COLLEGE OF PROFESSIONAL &
CONTINUING EDUCATION
WENTWORTH INSTITUTE OF TECHNOLOGY
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RECOMMENDATION FORM

TO THE APPLICANT

The College of Professional and Continuing Education at Wentworth requires applicants to degree programs to submit a letter of recommendation from a current or former employer. After filling in the information below, please give this form to your recommender to complete. Using this form is optional and your employer may instead choose to write a general letter of recommendation and forward it to The College of Professional and Continuing Education at the address listed above.

Name _____
LAST FIRST MIDDLE

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Male or Female
MONTH/ DAY/ YEAR (CIRCLE ONE)

Address _____
NUMBER STREET APT #

CITY/TOWN STATE ZIP CODE

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights & Privacy Act (FERPA), you have access to this form and recommendation(s) after you matriculate, unless you waive your right to access this information. By waiving this right, you understand that you cannot see the materials you submit or other supporting application materials, including this form and any recommendations that are submitted on your behalf.

Yes, I waive my right to access, and I understand I will never see this form or any other recommendations or supporting application materials submitted by me or on my behalf.

No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting application materials submitted by me or on my behalf.

Signature _____ Date ____/____/____

TO THE RECOMMENDER

The College of Professional and Continuing Education at Wentworth appreciates your candid evaluation of the prospective student indicated above. This recommendation will assist us in selecting among the qualified candidates that apply each semester. You may complete this form or a general letter of recommendation if you prefer. Please send it promptly to The College of Professional and Continuing Education at the address above.

Name _____ Title _____
PLEASE PRINT

Relationship to the Applicant _____

Company Name _____

Address _____

Phone _____ Email _____

RECOMMENDATION FORM (PAGE 2)

BACKGROUND INFORMATION

How long have you known this person and in what context? _____

What are the first words that come to your mind to describe this person? _____

RATINGS

Compared to other employees that you supervise or have supervised, how do you rate this person in terms of:

	Below Average	Average	Above Average	Exceptional	Not Applicable
Maturity					
Motivation					
Disciplined work habits					
Independence					
Creative, original thought					
Self-confidence					
Leadership					
Integrity					
Respect accorded by co-workers					
Concern for others					
Quality of communication					
Reaction to setbacks					
Professional achievement					
Professional promise					
OVERALL					

EVALUATION

Please share whatever information about this person you think is important, including a description of professional abilities and personal characteristics. Include information that you think will help us differentiate him/her from others.