

# Recommendation Form - Confidential

*Note: If a program requires more than two recommendations (see catalog), please feel free to copy both sides of this form.*

## Graduate Programs

**TO THE APPLICANT:** Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name PAKK ROBERT Social Security Number\*      -      -      -       
Last First Middle (Used for identification purposes only)

Address VEERIKU 22 TARTU ESTONIA 50407  
Street City State ZIP

Program SPORT MANAGEMENT MASTERS AND MBA DUAL DEGREE PROGRAM

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.** The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether or not you wish to waive this right and sign your name.

- I waive any right of access I may have to this recommendation form.
- I do not waive any right of access I may have to this recommendation form.

R. Pakk 11/20/2009  
Signature Date

**TO THE RESPONDENT:** The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below.

*(Please print or type) You may also submit your recommendation from an OFFICIAL email address to gradadmissions@mail.barry.edu*

1. I have known the applicant as  an undergraduate student;  a graduate student;  other \_\_\_\_\_
2. I have known the applicant since \_\_\_\_\_, in my position as \_\_\_\_\_

**Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.**

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

3. Please provide other comments related to the applicant's potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant:

Not at all			Moderately			Enthusiastically		
1	2	3	4	5	6	7	8	9

Signature of the Respondent \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

Questions? Call 305-899-3113 or 800-695-2279.

Please mail form directly to:



**DIVISION OF ENROLLMENT MANAGEMENT**  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695  
admissions@mail.barry.edu

Office of Admissions: 305-899-3113  
Office of Financial Aid: 305-899-3673  
Toll-free Admissions and Financial Aid: 800-695-2279  
Fax: 305-899-2971

**www.barry.edu**