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## RECOMMENDATION FOR MASTER'S DEGREE PROGRAM STUDY

### APPLICANT

Full (Legal) Name:

Proposed Master's Program:

Proposed start of Master's program:

Under Public Law 93.390, the applicant has the choice regarding access to information contained in their student files, including letters of recommendation. That said, the applicant must complete the following statement by circling their answer and signing below. Your right to review this form is considered waived if you do not check a response:

I hereby waive OR do not waive access to this letter.

Applicant Signature:

Date:

### RECOMMENDER

UoNA Master's degree program admissions require an applicant to collect letters/forms of recommendation. Your completed **form may be emailed directly to [zhongjie.peng@uona.edu](mailto:zhongjie.peng@uona.edu) (preferred)** or returned to the applicant in a sealed envelope with your signature on the seal enabling the applicant to send the unopened letter to UoNA admissions. We are very cognizant of the time and effort required to complete this evaluation and gratefully acknowledge your assistance. Please complete the information or fill in the boxes as required:

How long have you known applicant?

How have you known the applicant?

(example, prior teacher, professional associate, current manager, client, etc.)

Evaluation Criteria	Excellent	Above Average	Average	Below Average	Did not Observe
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating

Excellent

Strong

Average

Fair

Poor

Contact information (**PRINT**):

Name:

Date:

Address:

Phone number:

Cell number:

Email Address:

Recommender Signature:

Date: