

## **Recommendation Form**

## Dear Recommender:

The individual listed below has applied for admission to the University of Pennsylvania and requests that you provide a letter of recommendation. Your timely response will ensure that the applicant receives full consideration for admission and financial aid, if available.

Please complete this form and forward it, along with your letter of recommendation, to the address provided below by the applicant.

In your letter, please provide information concerning the applicant's academic ability and potential for research/professional achievement. Comment on the applicant's strengths and weaknesses, and on any other considerations that bear on the applicant's ability to attain the degree sought or to fulfill his or her career objectives.

Thank you.

-- University of Pennsylvania Admissions

## TO BE COMPLETED BY APPLICANT

Telephone \_\_\_\_\_

Title/Position \_\_\_\_\_

Email

Institution \_

Applicant's First Name			
Applicant's Middle Name		<u>—</u>	
Applicant's Last Name		_	
The applicant has waived the right to vi	ew this recommendation		
The applicant has not waived the right			
,,			
Signature of Applicant	Date		
Program	Degree sought		
Deadline for Receipt of Letter of Recommendation			
- -			_
Admissions Office Email Address			
TO BE COMPLETED BY RECOMMENDER			
First Name			
Middle Initial			
	_		
Last Name			

Recommende	r's Mailing Address				
		City	State	Zi <sub>l</sub>	ρ
Summary Eva	luation				
How long have	e you known the app	olicant?			
In what capac	ity?				
IÉ au	*h				
	ther, please specify				
Please compa	re this applicant with	n others you have kr	nown and indicate t	he educational le	vel of the comparison group
Please rate the	e applicant on a scal	e of 1 to 5; 1 being 6	exceptional, and 5 b	eing poor.	
4 - F	0 - 04	2 - Adamata	4 = Wook	F = Door	N/A = Unable to Judge
1 = Exceptional	2 = Strong	3 = Adequate	4 – vveak	5 – 1900	N/A = Unable to Judge
Comparison G	iroup				
College S	Seniors				
First yea	r graduate students				
Intermed	diate year graduate s	students			
Termina	l year graduate stud	ents			
Other. If	f other, please speci	fy			
This evaluation	n is based on the ans	swers to the followi	ng questions:		
How many yea	ars have you been te	eaching/advising/sup	pervising applicants	?	
Approximately	y how many student	s have you taught/a	dvised/supervised i	n that time?	

Date

Signature of Recommender