

## RECOMMENDATION FORM

### **TO THE APPLICANT:**

Please complete this section then give to the person completing your recommendation. See instructions below for submission to the USciences Admission Office.

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **TO THE RECOMMENDER:**

Please complete the sections below. If you would like to share additional information about this candidate, please use Page 2 of this form or attach a separate sheet.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School or Organization: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **GENERAL INFORMATION**

How long have you known this candidate, and in what context?

\_\_\_\_\_  
\_\_\_\_\_

What are the first words that come to mind to describe this candidate?

\_\_\_\_\_

I recommend this candidate for admission to University of the Sciences:

Do Not Recommend  Recommend  Strongly Recommend  Very Strongly Recommend

Please rate the candidate in terms of:

No Basis		Below Average	Average	Above Average	Exceptional
	Academic achievement				
	Intellectual promise				
	Quality of writing				
	Creative, original thought				
	Productive class discussion				
	Respect accorded by others				
	Disciplined work habits				
	Maturity				
	Motivation				
	Leadership				
	Integrity				
	Reaction to setbacks				
	Concern for others				
	Self-confidence				
	Initiative, independence				

**ADDITIONAL INFORMATION**

If you would like to share additional information regarding this candidate’s academic or personal qualifications, please include your comments below or attach a separate sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to University of the Sciences, Admission Office, 600 S. 43<sup>rd</sup> Street, Philadelphia, PA 19104,  
 fax to 215.596.8821, or email to [admit@uscience.edu](mailto:admit@uscience.edu).  
 Please contact the Admission Office with any questions: 888.996.8747.**