

GRADUATE RECOMMENDATION FORM

To applicant: Please complete this section then provide to the person completing your recommendation.

STUDENT'S NAME: _____

DATE OF BIRTH: _____

GRADUATE PROGRAM: _____

Under Federal law, students enrolled at this University have access to their educational records including recommendation letter. However, students may waive their right to see letters of recommendation, in which case the letters will be held in confidence.

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Signature of Applicant _____ Date _____

This form is intended to supplement a letter of recommendation. Please complete this form, indicating where the applicant ranks among students with whom you had experience. Please include a letter of recommendation to comment on the applicant's accomplishments, abilities, character, and capacity for success in the proposed program.

CHARACTERISTICS	EXCELLENT Highest 10%	GOOD Next Higher 10%	FAIR Next Higher 10%	POOR Lowest 70%	No Basis for Judgment
Intellectual Capacity					
Originality and Creativity					
Motivation/Desire to Achieve					
Initiative					
Reasoning Ability					
Responsibility					
Ability to Work with Others					
Diligence/Perseverance					
Laboratory Skills					
Oral English Expression Skills					
Written English Expression Skills					
Add in Imitative/Enthusiasm					
Ability to work with others/Respect for others					
Leadership					
Independance					

OPEN ENDED QUESTIONS:

How long have you known the candidate and in what context?

What are the candidate's strengths?

What are the candidate's weaknesses?

What is your overall impression of them as a possible student in the program?

I RECOMMEND THIS CANDIDATE FOR ADMISSION TO USCSCIENCES GRADUATE PROGRAM:

Do Not Recommend Recommend Strongly Recommend Enthusiastically Recommend

Please complete and return this form and a letter of recommendation to:

Admission Office, Box 4
University of the Sciences
600 South 43rd Street
Philadelphia, PA 19104

You can also fax to 215.596.8821
or e-mail to graduate@uscsciences.edu.

Please contact the Admission Office
with any questions: 888.996.8747.

Signature _____

Printed Name _____

Title _____

Department _____

Institution _____

Address _____

Telephone _____

E-mail _____