

Lillian P. Lettiere Center #006  
1145 King Road  
Immaculata, PA 19345

**GRADUATE ADMISSION**  
**IMMACULATA UNIVERSITY**  
gradadmission@immaculata.edu

484-323-3223  
484-323-3526  
Fax: 484-395-0068

**REFERENCE FORM**

Applicant must complete and sign the following statement. The request is in compliance with the Family Education Right and Privacy Act of 1974.

- I waive my right to view this letter of recommendation in my file.  
 I do not waive my right to view this letter of recommendation in my file.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Degree Sought \_\_\_\_\_ Specialization \_\_\_\_\_

How well do you know the applicant?  Very Well  Fairly Well  Slightly

How long have you known the applicant? \_\_\_\_\_

In what capacity have you been associated with the applicant? Academic \_\_\_\_\_ Professional \_\_\_\_\_

Please rate the applicant on each of the following characteristic. Indicate any additional comment which would be of assistance in evaluating the applicant's potential.

| SCHOLASTIC ABILITY               | Excellent | Very Good | Good | Unsatisfactory | No Chance to Observe |
|----------------------------------|-----------|-----------|------|----------------|----------------------|
| Oral Expression                  |           |           |      |                |                      |
| Written Expression               |           |           |      |                |                      |
| Intellectual Curiosity           |           |           |      |                |                      |
| Ability to Integrate Information |           |           |      |                |                      |
| Ability to Work Independently    |           |           |      |                |                      |
| <b>PERSONAL CHARACTERISTICS</b>  |           |           |      |                |                      |
| Dependable                       |           |           |      |                |                      |
| Responsible                      |           |           |      |                |                      |
| Tolerant                         |           |           |      |                |                      |
| Cooperative                      |           |           |      |                |                      |

My recommendation is:

- Strong and Without Reservation  With Confidence  With Reservation  I Do Not Recommend

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRER'S INFORMATION:**

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_