

IMMACULATA UNIVERSITY
COLLEGE OF GRADUATE STUDIES
IMMACULATA, PA 19345-0500
(610) 647-4400 EXT. 3211, 3212

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? _____

Please rate the applicant on each of the following characteristics. 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 | | | | | |
| PERSONAL CHARACTERISTICS | | | | | |
| Dependable | | | | | |
| Responsible | | | | | |
| Tolerant | | | | | |
| Cooperative | | | | | |

My recommendation is: () Strong and without reservation () With confidence () With reservation () I do not recommend

Comment: _____

Please type/print your:

NAME _____

SIGNATURE _____

POSITION _____

INSTITUTION _____

ADDRESS _____

DATE _____