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GRADUATE ADMISSION
IMMACULATA UNIVERSITY
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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					
PERSONAL CHARACTERISTICS					
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 _____

Email _____

Address _____

Date _____