



Recommendation Form

Dear Recommender:

The individual listed below has applied for admission to the University of Pennsylvania and requests that you provide a letter of recommendation. Your timely response will ensure that the applicant receives full consideration for admission and financial aid, if available.

Please complete this form and forward it, along with your letter of recommendation, to the address provided below by the applicant.

In your letter, please provide information concerning the applicant's academic ability and potential for research/professional achievement. Comment on the applicant's strengths and weaknesses, and on any other considerations that bear on the applicant's ability to attain the degree sought or to fulfill his or her career objectives.

Thank you.

-- *University of Pennsylvania Admissions*

TO BE COMPLETED BY APPLICANT

Applicant's First Name _____

Applicant's Middle Name _____

Applicant's Last Name _____

The applicant has waived the right to view this recommendation.

The applicant has not waived the right to view this recommendation.

Signature of Applicant

Date

Program _____

Degree sought _____

Deadline for Receipt of Letter of Recommendation _____

Admissions Office Mailing Address _____

City _____ **State** _____ **Zip** _____

TO BE COMPLETED BY RECOMMENDER

First Name _____

Middle Initial _____

Last Name _____

Telephone _____

Email _____

Institution _____

Title/Position _____

Recommender's Mailing Address _____

City _____ State _____ Zip _____

Summary Evaluation

How long have you known the applicant?

In what capacity?

If other, please specify _____

Please compare this applicant with others you have known and indicate the educational level of the comparison group.

Please rate the applicant on a scale of 1 to 6. 1 being below average, 6 being truly exceptional.

Below Average Average Above Average Good Excellent Truly Exceptional Unable to Judge

Comparison Group

College Seniors

First year graduate students

Intermediate year graduate students

Terminal year graduate students

Other. If other, please specify _____

This evaluation is based on the answers to the following questions:

How many years have you been teaching/advising/supervising applicants?

Approximately how many students have you taught/advised/supervised in that time?

Signature of Recommender

Date