

Admission Recommendation Form

To be completed by the Applicant

Applicant's name _____
last first middle

Right of Access to Letters of Recommendations

Under the terms of the Family Education Rights and Privacy Act (FERPA), you can review letters of recommendation after you enroll at Arcadia University if you do not waive your right to access them. Waiving your rights, however, means you will not ever see the recommendation. The waiver is not required as a condition for admission to Arcadia University.

**While you are free to respond as you wish, waiving your right lets recommenders know you will never see the recommendation they have provided leading to a more candid and truthful recommendation. If you choose not to waive your right, some recommenders may decline your request.*

Do you wish to waive your right to examine this letter of recommendation?

Yes, I do waive my right to access, and I understand I will never see this recommendation.

No, I do not waive my right to access and may someday choose to review this recommendation after I've enrolled at Arcadia University.

Signature _____

To be completed by the Respondent

Please evaluate the applicant's qualifications by checking the appropriate spaces.

1 = excellent 2 = good 3 = average 4 = below average 5 = poor N.B. = no basis for judgment

	1	2	3	4	5	N.B.
intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knowledge of proposed field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maturity and emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
initiative and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
capacity for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

graduate

please complete the reverse side

Please evaluate the applicant as compared with others whom you have recommended with regard to scholastic and/or professional capabilities.

scholastic: outstanding top 10% good average poor
professional: outstanding top 10% good average poor

Your overall recommendation:

strongly recommend recommend recommend with reservation do not recommend

Please comment on the applicant's qualifications for graduate study and/or professional potential. Specific examples are helpful. If, in your opinion, the applicant's academic record and test scores do not indicate his/her true ability, please explain. You may write in the space below or send a separate letter with the Admission Recommendation Form.

I have known the applicant for _____ years as his/her

teacher department chair adviser supervisor
 employer other (please specify) _____

Name (print or type) _____ Title _____

Institution or business _____

Phone () _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Signature _____ Date _____

