

Recommendation Form for the University of Pennsylvania
College of Liberal & Professional Studies

Part I

To be completed by the recommender:

To the Recommender:

We would appreciate your opinion of the above applicant for admission to the Penn's College of Liberal and Professional Studies. The University is particularly interested in an evaluation of the applicant's potential for academic and professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation are also appreciated, if pertinent. Please describe how long you have known the applicant and in what context. Rankings should be related to other students in the same class or academic program or other persons of comparable experience. Please attach your letter of recommendation to this completed document (pages 1-2).

Applicant Name: _____

	EXCEPTIONAL	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and Creativity	<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"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of previous work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promise and/or accomplishment as a professional in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommender Signature:

Name

Date

Part II

To be completed by recommender: Please attach a required letter of recommendation.