

## Recommendation Form • College of Liberal and Professional Studies

Admissions Office College of Liberal and Professional Studies 3440 Market Street, Suite 100 Philadelphia, PA 19104-3335

This part to be completed	by the applicant:							
Applicant Name:								
Last Recommender Name	First Middle							
Recommender E-ma	il:							
Program to which yo	u are applying:							
Agreement Respect	ing Confidential	ity (Not required as a con	dition of admission)					
		will be treated as confide stand further that it will b		•				
Act of 1974 and its a	mendments guarar	eral and Professional Stud ntee you access to education vaive that right of access.						
Do you wish to waive	e your right to exa	mine this letter of recomn	nendation?					
□Yes □No								
Applicant Signature:								
	Name Date							
This part to be comp	leted by the Recor	nmender:						
Street Address:								
Street	City	State/Province	Country	Zip				
Telephone Number:_	###)###-####	ext E-N	Mail Address:					
Relationship to applie	cant:							

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

To be completed b	by the recommend	er:				
To the Recommender:						
We would appreci and Professional S for academic and and weaknesses ar motivation are also what context. Ran persons of compar (pages 1-2). Applicant Name: _	tudies. The Unive professional achie e more helpful to appreciated, if pkings should be rable experience.	rsity is particular vement in the the candidate the pertinent. Please related to other	rly interested field indicated han routine prodescribe how students in the	in an evaluation of Explicit descriptions. Explicit descriptions. Comments to long who have ne same class or	of the applicant's otions of acaden about character known the appl academic progr	s potential nic strengths , integrity or licant and in ram or other
	- THOUSAND AND A			AVERAGE	DDY OW	The Press
	EXCEPTIONAL	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Intellectual Ability						
Imagination and Creativity						
Oral expression						
Writing ability						
Quality of previous work						
Research aptitude						
Promise and/or accomplishment as a professional in the field						
Recommender Si <sub>į</sub>	gnature:					
Name					Date	
<b>Part II</b> To be completed b	y recommender: F	Please attach a re	equired letter	of recommendati	ion.	