



UNIVERSITY OF THE  
SCIENCES IN  
PHILADELPHIA

COLLEGE OF  
GRADUATE STUDIES

# RECOMMENDATION FOR ADMISSION

Applicant (please print) \_\_\_\_\_

Graduate Program \_\_\_\_\_

Under Federal law, students enrolled at this University have access to their educational records including recommendation letter. However, students may waive their right to see letters of recommendation, in which case the letters will be held in confidence.

I waive my right of access to this letter of recommendation.

I do not waive my right of access to this letter of recommendation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form, indicating where the applicant ranks among students with whom you had experience. Use the reverse side of this form comment on the applicant's accomplishments, abilities, character, and capacity for success in the proposed program. Also state how long you have known the applicant and in what capacity.

Characteristic	EXCELLENT Highest 10%	GOOD Next Higher 10%	FAIR Next Higher 10%	POOR Lowest 70%	No Basis for Judgment
Intellectual Capacity					
Originality and Creativity					
Motivation/Desire to Achieve					
Initiative					
Reasoning Ability					
Responsibility					
Ability to Work with Others					
Diligence/Perseverance					
Laboratory Skills					
Oral English Expression Skills					
Written English Expression Skills					

**Please complete and return this form to:**

**College of Graduate Studies  
Box 98  
University of the Sciences in Philadelphia  
600 South 43<sup>rd</sup> Street  
Philadelphia, PA 19104**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_