



Academic Transcript Request Form

- This form is to be sent to the University or College you previously attended. This would include institutions where you received a degree or completed coursework transferred from other institutions that make up your degree requirements.
- This form is not required but is supplied for your convenience in applying to any of La Salle University's graduate programs.
- Any transcript request fees required from each institution should be sent along with this form to speed the process of your request.
- La Salle University requires official transcripts that bear an official seal and/or signature.

Applicant's Name _____

Social Security Number and/or Institutional Identification Number _____

Please indicate any other name that might appear on credentials supporting this application _____

School _____

Date(s) of Enrollment _____ Degree and Year _____

I hereby authorize the release of my academic transcript to La Salle University.
Please send it directly to the following address:

La Salle University
Graduate Program in _____
1900 West Olney Avenue
Philadelphia, Pennsylvania 19141 USA

Thank you for your assistance.

Applicant's Signature _____ Date _____

INSTITUTIONAL COMMENTS:



Recommendation Form

Applicant's Name _____

Social Security Number _____

The Family Education Rights and Privacy Act of 1974 entitles La Salle University graduate students to have access to recommendation(s) in their permanent file. The applicant may waive this right of access to letters of recommendation, in which case the recommendation will not be available to the student. If you wish to waive your rights to access this recommendation, please sign your name on the line below.

I hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this recommendation. I agree that the observations made in this recommendation should be confidential between the person recommending me and La Salle University.

Applicant's Signature _____ Date _____

Evaluation

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Intellectual Ability						
Analytical Ability						
Maturity						
Initiative						
Written Communication						
Oral Communication						
Leadership Ability						

How long have you known the applicant? _____

In what capacity?

What do you consider to be the applicant's strengths and/or outstanding talents?

In what area(s) do you believe the applicant could improve upon professionally?

Do you think a graduate degree is appropriate for the applicant at this time? Why?

Please add any additional comments about the applicant.

Evaluator's Printed name _____ Daytime Telephone Number _____

Evaluator's Signature _____ Date _____

Evaluator's Title or Position _____

Please send directly to: La Salle University

Attention: Graduate Program in _____
1900 West Olney Avenue, Philadelphia, Pennsylvania 19141