

La Salle University

Graduate Recommendation Form

Applicant's Name: _____ La Salle ID Number
or Date of Birth: _____

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. Please indicate whether you wish to waive your rights to access this recommendation by checking the appropriate box and then signing your name on the line below.

Check One:

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.

I do not hereby waive all rights.

Applicant's Signature _____ Date _____

To the Evaluator: Please be sure to fill out the chart below. With regard to the short answers, if you choose to attach a letter instead, be sure to include answers to all questions asked.

Evaluation

	Outstanding	Above Average	Average	Below Average	Poor	Unable to Assess
Intellectual Ability						
Analytical Ability						
Emotional Maturity						
Initiative						
Written Communication						
Oral Communication						
Leadership Ability						
Insight into Self						
Insight into Others						

To whom are you comparing this applicant? undergraduate graduate doctoral other?

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 Phone Number:* _____

Evaluator's Signature _____ *Date* _____

Evaluator's Title or Position _____

*Please send directly to: La Salle University
Office of Graduate Enrollment
Box 826
1900 West Olney Avenue
Philadelphia, Pennsylvania 19141*