



Recommendation Form: The person filling out this form must return it by mail to La Salle University.

APPLICANT SECTION: Please print

Name _____
Last name _____ First name _____
Mailing Address _____
City _____ State _____ Zip _____

RECOMMENDER SECTION: Please print (employer, teacher, pastor)

Recommender's Name _____
Company/Institution _____
Title _____ Phone _____
Address _____
City _____ State _____ Zip _____

How long have you known the applicant? _____ In what capacity? _____

In your opinion, is the applicant qualified for admission to BUSCA at La Salle University?
_____ Yes _____ No Explain: _____

What do you consider to be the strengths the applicant will bring to BUSCA?

Recommendation

- _____ Highest: no reservations.
- _____ Recommend.
- _____ Recommend: with reservations.
- _____ Do not recommend.

PLEASE ATTACH ANY ADDITIONAL COMMENTS.

Recommender's Signature _____ Date _____

Please mail this form to:

BUSCA
La Salle University
1900 West Olney Avenue
Philadelphia, PA 19141
215-951-1561