



**GRADUATE STUDIES, COLLEGE OF LIBERAL ARTS AND SCIENCES
LETTER OF RECOMMENDATION**

**THIS FORM AND RECOMMENDATION LETTER SHOULD BE RETURNED TO:
Graduate Studies, College of Liberal Arts and Sciences, Villanova University
800 Lancaster Avenue, Villanova, PA 19085-1688**

TO BE COMPLETED BY APPLICANT

Name _____ Proposed Department or Program _____
(Please Print)

Address _____ Telephone Number _____
E-Mail Address _____

Name of Respondent *(please print)* _____

I do, do not wish to waive my right of access to this letter of recommendation as conferred by the Family Education Rights and Privacy Act of 1974.

Date of Birth _____

Enter your name as electronic signature¹ _____

TO THE RESPONDENT: Would you kindly comment below on the qualifications of the applicant for graduate study. Please comment on academic strengths and weaknesses, emotional maturity, teaching potential, ability to work independently, creativity and aptitude for advanced study. How long have you known the applicant and in what capacity? Please attach additional information on letterhead.

Rate the applicant in comparison with other students whom you have known in recent years.

	Unable to judge	Lowest 50%	Top 50%	Top 25%	Top 10%	Top 5%
Academic Performance						
Intellectual Potential						
Motivation						
Emotional Maturity						
Written Expression						
Oral Expression						
Overall Evaluation						

Signature of Respondent _____ Date _____

Position _____ Institution _____

Mailing Address _____

E-Mail Address _____

¹I certify that all information entered is accurate and true that I am the person submitting the form.