



**PHILADELPHIA**  
UNIVERSITY

## RECOMMENDATION FORM

All applicants\* are required to submit one recommendation from a teacher, counselor or other individual who can speak to their academic preparation and college readiness. Applicants may also substitute one of the following in place of this form:

- (1) The Common Application Teacher Evaluation Form
- (2) The Common Application Secondary School Report Form
- (3) A high school created form
- (4) A letter on school/company stationery

*\*Note: Applicants for the 5-year BS/MS Physician Assistant Studies program must submit three recommendations. Please review the PA Information and Application Materials Booklet or [www.PhilaU.edu/PAProgram](http://www.PhilaU.edu/PAProgram) for more information and reference forms.*

### Applicant Instructions:

Please complete the following information and sign the waiver statement before presenting the form to your reference.

APPLICANT NAME: _____	
ADDRESS: _____ _____	
DATE OF BIRTH: _____	
I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.	
_____ Signature of Applicant	_____ Date

### Recommender Instructions:

Your insight about the applicant named in the section above will be reviewed by our Admissions Committee. Therefore, we ask for open and honest feedback about this candidate. If more space is needed, you may provide additional comments on a separate sheet or attach a formal letter of recommendation.

Please submit your recommendation promptly. We will not review a student's file until all required supporting materials have been received.

### Recommender Information:

NAME: _____	
TITLE: _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
SIGNATURE: _____	

HOW LONG HAVE YOU KNOWN THIS STUDENT AND IN WHAT CONTEXT?

WHAT ARE THE FIRST WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

IN THE SPACE BELOW, PLEASE INCLUDE ANY COMMENTS REGARDING THIS STUDENT'S ACADEMIC PERFORMANCE, EXTRACURRICULAR ACTIVITIES AND/OR PERSONAL CHARACTERISTICS THAT WOULD HELP THE ADMISSIONS COMMITTEE MAKE AN APPROPRIATE ADMISSIONS DECISION.

OVERALL RECOMMENDATION (CHECK ONE):

- THIS APPLICANT HAS MY HIGHEST RECOMMENDATION
- I RECOMMEND THIS APPLICANT HIGHLY, WITHOUT RESERVATION
- I RECOMMEND THIS APPLICANT
- I RECOMMEND THIS APPLICANT, WITH SOME RESERVATIONS
- I DO NOT RECOMMEND THIS APPLICANT