

APPLICANT'S DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

Please fill out the following section and give this form to the counselor or instructor most able to evaluate your academic ability.

LEGAL NAME _____
(LAST OR FAMILY) (FIRST OR GIVEN) (MIDDLE NAME) (PREFERRED OR NICKNAME)

ADDRESS _____

CITY _____ PROVINCE OR STATE _____ POSTAL CODE _____ COUNTRY _____

This form will be used in the admission process by officials of the University of San Francisco. The Family Education Rights and Privacy Act of 1974 allows the option to choose whether you will, or will not, have the right of access to read this letter of recommendation. Accordingly, you may choose one of the following options by checking the appropriate box:

- ☐ I waive access to this letter of recommendation. I understand it shall remain confidential and that I will not have access to read it.
- ☐ I do not waive access to this letter of recommendation. I retain my right to have access to read it during the admission process at the University of San Francisco.

APPLICANT'S SIGNATURE

DATE

The student whose name appears above is a candidate for admission to the University of San Francisco. We would value your candid appraisal of this applicant. Should you wish, a separate letter of recommendation may accompany this form. Please complete both pages of this form as soon as possible and return it to the following address:

University of San Francisco
Office of International Admission Records
2130 Fulton Street
San Francisco, California 94117-1088
USA

The University will use this letter only in the evaluation of the student's application for admission. Please refer to the applicant's selection above to determine whether or not the applicant will, or will not, have access to read this letter of recommendation.

Please rate this student, by comparison to other students, in terms of the following skills:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TOP 10%	TOP 2%	NO BASIS FOR COMPARISON
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
For Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Personal Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this candidate? _____

Please be certain to complete the second page of this form and to endorse it with your signature.

The Admission Committee is interested in your comments concerning the applicant's intellectual ability and personal character. In particular, we would appreciate your appraisal of the candidate's potential for intellectual growth, honesty, integrity, and emotional stability. Should you wish, a separate letter of recommendation may accompany this form.

SIGNATURE OF RECOMMENDER		DATE	
PRINT NAME		TITLE	
INSTITUTION		PHONE NUMBER	
		<small>COUNTRY CODE / CITY CODE / NUMBER</small>	
ADDRESS			
CITY		PROVINCE OR STATE	POSTAL CODE
			COUNTRY
E-MAIL ADDRESS			