



Teacher Recommendation Form

TO BE COMPLETED BY THE APPLICANT:

Please complete the information below and then provide your teacher with this form along with a stamped envelope addressed to Office of Admissions, The Estate, The University of Scranton, Scranton, PA 18510. One recommendation is required. Please type or print legibly in ink.

Last name _____ First name _____ M.I. _____ Suffix (e.g., Jr., III) _____

Street address _____
Number and Street Apt. #

City _____ State/Province _____ Zip/Postal code _____

High School: _____ CEEB/ACT code _____

Check one:

- Early Action (Deadline: November 15) SAT/ACT Optional (Deadline: November 15) Regular Decision (Preferred deadline: March 1) Transfer Student

Privacy Notice: Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records if you attend The University of Scranton. You may choose to waive your right of access to this specific recommendation. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign and date below.

- I hereby waive my right of access to this recommendation.
 I do not waive my right of access to this recommendation.

Applicant's Signature

Date

Last Name _____ First Name _____ M.I. _____

TO BE COMPLETED BY THE TEACHER:

We would appreciate your candid evaluation of the student named above to aid us in evaluating his/her candidacy for admission to The University of Scranton. This form should be signed and returned in the envelope provided by the student. Thank you for your time and care in preparing this evaluation.

1. How long have you known the applicant and under what circumstances?

2. Compared with other students you have known during your professional career, please indicate how you rate this student in terms of:

	Excellent	Above Average	Average	Below Average	No Basis
Academic achievement					
Academic potential					
Motivation					
Written communication					
Oral communication					
Leadership potential					
Sense of responsibility					
Initiative					
Concern for others					
Reaction to setbacks					

3. The admissions committee would appreciate any additional statements you may wish to make concerning the applicant's aptitude for advanced study. Please feel free to attach additional paper, if necessary.

Summary Evaluation:

I recommend this student: enthusiastically strongly fairly strongly with reservation

Teacher's Signature

Date

Position/Title

Office Phone

High School

Office E-mail

Number and Street

City

State/Province

Zip/Postal Code