

Recommendation Form

Applicant Name (Print) _____

Statement of Confidentiality

I understand that in accordance with the Family Educational Rights and Privacy Act, I have a right to review this form. However, my signature below is evidence that I have chosen to waive my access to this form which shall therefore be considered confidential.

Applicant Signature _____ Date _____

	Outstanding	Above Average	Average	Below Average	No Basis
Intellectual Curiosity					
Academic Ability					
Motivation					
Independence in Work					
Self-starter					
Written Expression					
Oral Expression					
Maturity and Character					
Cooperation					
Creativity					
Dependability					
Self-discipline					
Emotional Maturity					

Brescia University welcomes any additional comments about this applicant that you think might be helpful. Also include any explanation of the ratings if you wish. You may attach an additional sheet or use the back of this sheet. THANK YOU.

Name (PRINT) _____

In what capacity have you known this applicant? _____

How long have you known this applicant? _____

Signature

Date

Please return form to
Brescia University
Office of Admissions
717 Frederica Street
Owensboro, KY 42301