DeSales University

Enrollment Services

RECOMMENDATION FORM

2755 Station Avenue Center Valley, PA 18034–9568 www.desales.edu

To be completed by the applicant:

| Name | | | |
|--------------|--|--|--|
| Address | | | |
| | | | |
| Phone Number | | | |

To be completed by the applicant's teacher/mentor:

APPLICANT EVALUATION: Research has produced the following adjectives to describe the ideal DeSales student, please use the boxes provided to evaluate this applicant.

| | No basis for judgment | Below Average | Average | Above Average | Excellent |
|----------------------|-----------------------|---------------|---------|---------------|-----------|
| Enthusiasm | | | | | |
| Ambition | | | | | |
| Independent Thinking | | | | | |
| Work Ethic | | | | | |
| Creativity | | | | | |
| Involvement | | | | | |
| Kindness | | | | | |

Please use the space provided (or attach a sheet if necessary) to tell us more about this student.

| Signature | Date | | | |
|---------------------------------------|------|--|--|--|
| Name | | | | |
| Title and Connection to Student | | | | |
| High School | | | | |
| Phone Number | | | | |
| How long have you known this student? | | | | |