

## RECOMMENDATION FOR UNDERGRADUATE ADMISSION

**Note: This form may be duplicated.**

### TO THE APPLICANT

Complete this section (please print or type) and ask your recommender to complete the rest of the form and return it to the address indicated.

Full Legal Name \_\_\_\_\_  
Last First Middle/Maiden Nickname

Permanent Address \_\_\_\_\_  
Number and Street City State Zip

Mailing Address (if different than above) \_\_\_\_\_  
Number and Street City State Zip

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Under the Family Education Rights & Privacy Act, you have the right, if you enroll at Chatham, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right.

I waive my right to review this application     I do not waive my right to review this application

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### TO THE RECOMMENDER

Please assess the applicant's potential as an undergraduate student.

	Exceptional	Excellent	Good	Average	Below Average	Unable to Judge
Academic performance and abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for this program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual maturity and capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service and related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Recommendation for undergraduate admission:**

- Recommend enthusiastically                       Recommend with confidence                       Recommend  
 Recommend with reservation                       Do not recommend

Please print or type.

Name of recommender \_\_\_\_\_

Title \_\_\_\_\_

Institutional affiliation/address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to **Chatham University, Office of Admissions, Woodland Road, Pittsburgh, PA 15232.**

*Please complete other side*

## RECOMMENDATION FOR UNDERGRADUATE ADMISSION

Use this space to provide an additional assessment of the applicant's capability for undergraduate study.

Is there any additional information we should know about the applicant?