

# 3: recommendation

## Applicant

NAME: First (Given) \_\_\_\_\_ Middle \_\_\_\_\_

Last (Family) \_\_\_\_\_

INTENDED PROGRAM OF STUDY: \_\_\_\_\_

*Failure to complete and sign this section will be considered an expressed waiver of your rights.*

The Family Education Rights and Privacy Act of 1974 entitles Wharton graduate students to have access to letters of recommendation in their permanent record file at the Wharton Doctoral Programs Office. The applicant may waive this right of access to letters of recommendation, in which case letters of recommendation will be considered confidential by the Wharton Doctoral Programs Office and will not be available to the student.

I hereby  waive  do not waive my right of access to this recommendation \_\_\_\_\_

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

## Recommender

*To the Recommender:*

Thank you for agreeing to write on behalf of this candidate who is applying to the Doctoral Programs at the Wharton School of the University of Pennsylvania. The Admissions Committee values your assessment of the applicant's previous work history and potential for leadership in the future. The most helpful recommendations include specific examples of past performance, and detailed descriptions of the applicant's intellectual abilities and personal qualities. Recommendations that present a balanced view of the applicant assist the Committee in distinguishing the very best candidates from a pool of highly qualified applicants.

Please complete the information requested on both pages of this form. If you need to use additional sheets, please attach them to this form. Your comments will be held completely confidential if the applicant has agreed to waive his or her rights above. Please enclose this form in an envelope addressed to the applicant. Please seal the envelope and write your signature across the seal on the envelope flap. The applicant will submit the sealed, signed envelope to us as part of the completed application package.

Recommendations are an integral part of the selection process, and we sincerely thank you for your efforts on behalf of this applicant.

Sincerely,

The Admissions Committee

Recommender Name \_\_\_\_\_ Telephone \_\_\_\_\_

Company/Organization \_\_\_\_\_ Title or Position \_\_\_\_\_

Street Address \_\_\_\_\_ e-mail address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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

*Please respond to the questions on the next page of this form.*

### Evaluation of Applicant

How long have you known the applicant? .....

Under what circumstances have you known the applicant? .....

This summary evaluation is based on approximately ..... students you have taught or advised in the past ..... years.

Comparing the applicant with the above representative group, how do you rate him/her in **general academic ability and promise for research?**

- Truly Exceptional (top 1%)       Very Good (top 10%)       Somewhat Above Average (60-75%)       Below Average (Lowest 40%)  
 Outstanding (top 5%)       Good (top 25%)       Average (40-60%)       No Basis For Judgment

*Please comment below on the applicant's creativity, problem-solving ability, independence, initiative, and ability to do research. If the applicant's native language is not English, please comment on his or her degree of proficiency in both spoken and written English. Attach additional sheets if necessary.*