

RECOMMENDATION FORM FOR TEACHERS AND ADVISORS

Please complete and return to Office of Admissions, Duquesne University, 600 Forbes Avenue, Pittsburgh PA, 15282 or fax to 412-396-5644.

Applicant's Name _____

High School Name, City and State _____

Please check one column in each line to critique the applicant's character and abilities.

	Excellent	Good	Average	Below Average	No Basis
Character and Personality					
Integrity and Values					
Leadership					
Emotional Maturity					
Extracurricular Involvement					
Contributions to the School/Community					
Intellectual Ability and Achievement					
Intellect					
Creativity					
Critical thinking					
Motivation/Initiative					
Communication Skills					

Overall Evaluation and Comments:

How long have you known the applicant? _____

What is your relationship to the applicant? _____

My judgment on this individual regarding admission to Duquesne University is to: (check one)

Recommend Do not recommend Recommend with hesitation

Your Name: _____ Occupation/Title: _____

Phone: _____ E-mail: _____

Address: _____

Signature _____ Date _____