

# RECOMMENDATION FOR UNDERGRADUATE STUDY

**To be completed by the Applicant:** Please fill in your name before forwarding the recommendation to the Recommender. The confidentiality waiver option must be signed.

Name of the Applicant \_\_\_\_\_

I, the above-named applicant, WAIVE \_\_\_\_\_ DO NOT WAIVE \_\_\_\_\_ any right I have to read or obtain copies of this recommendation after it has been completed by my recommender.

\_\_\_\_\_  
Signature of the applicant

**To the Recommender:**

The person named above is applying for admission to Seton Hill University's undergraduate program. You will greatly assist the Admissions Director in the assessment of the applicant by providing candid responses to the items which follow. Thank you for the time and effort which may be involved in completing this form.

Name of Recommender \_\_\_\_\_  
Please print or type

How long have you known the applicant and in what circumstances? \_\_\_\_\_  
\_\_\_\_\_

What are the applicant's outstanding qualities? Please indicate how you have seen those qualities demonstrated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Even the most outstanding candidates sometimes require change or further growth. Please comment on those that apply to this applicant with respect to her/his academic work.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on your impression of the applicant's capacity for college work and her or his potential for a successful career. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some gifted individuals demonstrate comparatively low achievement in scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of her or his academic ability?  
Yes ( )      No ( )      Don't know ( )

On what do you base this judgement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rate the applicant's promise as a student.

|   | Exceptional              | Above Ave.               | Average                  | Below Ave.               | Poor                     | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to accept and benefit from constructive criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication ability                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation and dependability                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal skills                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Originality   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing skills  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for success                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please include any additional comments or attach more as needed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Name \_\_\_\_\_

Phone \_\_\_\_\_

Position/Title \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Please return to: Office of Admissions  
 Seton Hill University  
 Seton Hill Drive  
 Greensburg, PA 15601-1599  
[admit@setonhill.edu](mailto:admit@setonhill.edu)  
 fax: 724-830-1294