

ACADEMIC/EMPLOYER RECOMMENDATION

* References from family members are not acceptable.

To the Applicant:

This recommendation form should be completed by a teacher, guidance counselor, or school administrator. If you are transferring from another college, you may have a college professor or administrative staff member complete the Academic Recommendation form. If you have been out of school and employed for some time, the Academic Recommendation form may be completed by your employer. Please complete the following information and forward this form to the appropriate person for completion.

Name of Applicant: _____ High School Graduation Date: _____

Address of Applicant: _____
STREET CITY STATE ZIP

Phone: (_____) _____
AREA CODE

Applicant's waiver of right of Access to Confidential Statement:

I willingly waive my right of access to see this confidential reference understanding that signing this waiver is not required as a condition for admission.

Signature: _____ Date: _____

To the Teacher/Guidance Counselor/Employer:

The student named above is required to submit this form before admission to the University of Valley Forge can be considered. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant. Your prompt attention is appreciated. If this form is not adequate for your remarks, please attach any additional information.

Confidentiality: Federal law gives students the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver statement above, we will assume that you are submitting information with full knowledge that it may be seen by the applicant if he or she is accepted at the University of Valley Forge. If the waiver is signed, your recommendation will remain confidential. Please return the form to the address provided after completing it. Thank you for your assistance.

1. How long have you known the applicant? _____ In what context? _____

2. How well do you currently know the applicant? _____

3. Please list involvement in activities at your institution. _____

4. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, academic, etc.)

5. Has the applicant ever been dismissed or suspended? Yes No If "yes", please explain: _____

6. Please rate this person in the following areas. (Please mark an "X" in the appropriate box.)

	Excellent	Above Average	Average	Below Average	No chance to observe
Communication Skills					
Leadership					
Initiative/Motivation					
Responsibility					
Cooperativeness					
Integrity and Honesty					
Social Adaptability					
Academic Adaptability					
Anticipated Achievement in College					

7. Does this student have an IEP? Yes No If yes, please include an up-to-date copy.

8. Will this student continue to need special support services? Yes No

9. What special encouragement, guidance or supervision would you suggest? _____

10. What additional information can you provide about this application that may help us in making our decision? _____

11. Recommendation: I recommend I recommend with reservation I do not recommend

Please print the information below

Name: _____

Name of School or Business: _____

Position: _____ Phone: (_____) _____
AREA CODE

Address: _____
STREET CITY STATE ZIP

Signature: _____ Date: _____

Please return promptly to:
 Admissions Office
 University of Valley Forge, 1401 Charlestown Road, Phoenixville, PA 19460
 Phone: 800.432.8322 Fax: 610.917.2070