High School Counselor Confidential Letter of Recommendation

The High School Counselor Confidential Letter of Recommendation may be mailed to:

By Postal Mail: Drexel University • Recommendation Processing • PO Box 34789 • Philadelphia, PA 19101
By Express Courier (DHL, FedEx, UPS, etc.): Drexel University • Recommendation Processing • 3141 Chestnut Street • Philadelphia, PA 19104-2876

Letters of recommendation can also be submitted electronically at **www.drexel.edu/apply/recommend**.

Applicant Instructions:

Complete the top portion and give it to the person providing your letter of recommendation.

Applicant's Name: _____ (Last) _____ (First) _____ (MI)

Social Security Number: _____ Date of Birth: _____ *(Required)* Month/Day/Year Major: _____

Term for which you are applying: ❑ Fall (September) ❑ Winter (January)* ❑ Spring (late March/early April)* **Transfer Students Only*

Year for which you are applying: ❑ 2013 ❑ 2014 ❑ 2015

I have submitted an application for undergraduate admission to Drexel University. I understand that this recommendation is confidential and will not be released either to me or a third party, and that it will be used only in the evaluation of my application.

Signature: _____ Date: _____

Recommender Instructions:

This student is applying for admission to Drexel University. We are interested in your candid appraisal of his/her intellectual motivation, personal qualities, and the scholarly quality of his/her work. Your evaluation is very important to us and will be an integral element in our decision-making process.

Recommender Name: _____ Title: _____

Address: _____

Email: _____ (Required) Phone number: _____

What are the dates of your relationship with the individual you are recommending? From _____ Month / Year to _____ Month / Year

If you are a teacher, what subject or course did you teach the individual you are recommending? _____

Are you a graduate of Drexel University or MCP Hahnemann University? ❑ Yes ❑ No If yes, _____ What was your year of graduation? _____ What degree did you receive?

Is a high school transcript enclosed? ❑ Yes ❑ No School Minimum Passing Grade: _____

A transcript must reflect 9th, 10th, and 11th grade coursework and grades earned.

Recommender Questions:

Please provide answers to the following questions. Return this sheet with your responses in a sealed envelope to the individual who requested this recommendation. Official letterhead is also acceptable. You may use additional sheets if necessary.

1. Please comment on the quality and nature of the applicant's academic work. _____

2. How would you describe this student? Are there any personal strengths, weaknesses, or problems of which you think we should be aware?

3. Please rate the applicant in the following areas (please check only one response for each category):

	Below average	Average	Above average	Well above average	Top 10%	Top 1%
Creative, original thought	❑	❑	❑	❑	❑	❑
Motivation	❑	❑	❑	❑	❑	❑
Perseverance	❑	❑	❑	❑	❑	❑
Independence, initiative	❑	❑	❑	❑	❑	❑
Intellectual ability	❑	❑	❑	❑	❑	❑

	Below average	Average	Above average	Well above average	Top 10%	Top 1%
Academic achievement	❑	❑	❑	❑	❑	❑
Written expression of ideas	❑	❑	❑	❑	❑	❑
Effective class discussion	❑	❑	❑	❑	❑	❑
Disciplined work habits	❑	❑	❑	❑	❑	❑
Potential for growth	❑	❑	❑	❑	❑	❑

4. Please include any additional comments that will help us to more fully evaluate this applicant. _____

Signature: _____ Date: _____

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Potential for growth	❑	❑	❑	❑	❑	❑

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