PennDesign

Letter of Recommendation

This letter must be received by the Office of Admissions no later than January 2 for the M.S. in Architecture and all Ph.D. programs, January 15 for the Master of Architecture program and February 1 for all other programs. Recommenders may return this letter to the applicant in a sealed envelope, signed across the back flap or send it directly to the Office of Admissions, School of Design, University of Pennsylvania, 110 Meyerson Hall, Philadelphia, Pennsylvania 19104 - 6311.

Section to be completed by applicant - please type or print clearly

Name _____
Family name First Name Middle Name

Proposed degree and department of study _____

Agreement Respecting Confidentiality
(Not required as a condition of admission)
I understand that this recommendation will be treated as confidential by the officers and faculty members of the University of Pennsylvania; I understand further that it will be used solely for decision of my application for admission and fellowships. I therefore agree that the contents of this appraisal shall not be made known to anyone else, including myself.

Signature of applicant _____ Date _____

Name of recommender _____

Title and institution _____

Section to be completed by evaluator

The person named above has applied for admission to the University of Pennsylvania School of Design. Your candid evaluation of this individual would be appreciated. If possible, please compare this applicant with others known to you who have attended or are now applying for admission to this school. This recommendation will not become a part of the applicant's permanent record and is not subject to review by the applicant if he or she has signed the Agreement Respecting Confidentiality. In the absence of the signature, the student is entitled to see this recommendation if he or she matriculates, under Federal law.

How long have you known the applicant? ☐ Less than one year ☐ One to two years ☐ Two to five years ☐ More than five years

In what capacity? ☐ Employer ☐ Professor ☐ Other _____

Please rate the applicant for each of the following characteristics:

	Exceptional Top 1%	Excellent Highest 10%	Very Good Next 10%	Good Next 20%	Average Next 20%	Poor Lowest 40%	Unable to Judge
Breadth of General Knowledge	☐	☐	☐	☐	☐	☐	☐
Intellectual Ability	☐	☐	☐	☐	☐	☐	☐
Knowledge of Field	☐	☐	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐	☐
Motivation for Graduate Work	☐	☐	☐	☐	☐	☐	☐
Ability to Express Self Visually	☐	☐	☐	☐	☐	☐	☐
Ability to Express Self Orally	☐	☐	☐	☐	☐	☐	☐
Ability to Express Self in Writing	☐	☐	☐	☐	☐	☐	☐

Please comment on the applicant's strengths and weaknesses, and on any considerations that bear on the applicant's ability to attain the degree sought or the applicant's ability to fulfill his or her career objectives. Please attach your written statement to this form or print it on the reverse side of this form.

Signature of evaluator: _____ Date: _____

Address: _____

E-mail: _____ Phone: _____

Applicant: (please print clearly)
FIRST NAME
M.I.
LAST NAME