



Applicant Recommendation Form

Kutztown University of Pennsylvania – Wiesenberger Alumni House
15197 Kutztown Rd. Kutztown, PA 19530

Applicant Name: _____

IN WHAT CAPACITY ARE YOU FAMILIAR WITH THE APPLICANT? (MARK ALL THAT APPLY.)

- Academic advisor
- Professor
- Supervisor
- Organization advisor
- Other: _____

FOR WHAT PERIOD OF TIME?

- 1 semester
- 1-2 semesters
- 3-4 semesters
- 5-6 semesters
- 7-8 semesters

PLEASE COMPARE THIS STUDENT TO OTHER STUDENTS WITH WHOM YOU INTERACT ON THE FOLLOWING FACTORS:

- Commitment to Volunteer Work Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Dependability Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Leadership Skills Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Integrity Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Level of Follow Through Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Desire to Learn Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate
- Commitment to Academics Top 10% 1st Quartile 2nd Quartile 3rd Quartile 4th Quartile No Basis to Rate

PLEASE COMMENT ON THIS STUDENT’S CONTRIBUTIONS TO KUTZTOWN UNIVERSITY AND/OR THE COMMUNITY AT LARGE:

ADDITIONAL COMMENTS:

COMPLETED BY: _____ DEPARTMENT: _____
SIGNATURE: _____