



LETTER OF RECOMMENDATION, page 1 of 2
SUMMER ACADEMY IN APPLIED SCIENCE AND TECHNOLOGY

To the Applicant: Please complete the following information:

Applicant Name _____
Family Name First Name

Home Address _____
Street Address

City Postal Code Country

Waiver of Access (optional): Letters of recommendation that are a part of your record may be accessible by you. However, in order to encourage greater openness and to present a more fair and honest recommendation, you may wish to waive your right of access to these recommendations. To waive your right of access to this recommendation, please read and sign the following statement.

I hereby waive all rights and privileges to inspect the contents appearing in this recommendation. I agree that the remarks made in this recommendation should be confidential between the writer and the various constituencies to whom my credential file may be shown.

Signature of Applicant Date

To the Recommender:

The above-named person has requested that you provide a letter of recommendation as she/he applies for admission to the Summer Academy in Applied Science and Technology (SAAST) at the University of Pennsylvania. Your responses to the following questions will greatly assist us in evaluating this applicant's potential for success in the program. **Please provide additional information on separate sheets of paper, using official institutional letterhead.** Your remarks will be kept confidential from the applicant if the applicant has signed the above Waiver of Access statement.

Please give your completed recommendation to the applicant in a sealed envelope, and signed across the seal of the envelope. Alternatively, you may send your signed original recommendation directly to the address below. A faxed or scanned version (via email) will also be accepted directly from the recommender.

Admissions decisions are made only after all required materials are received and reviewed, including this Recommendation. Your prompt reply is kindly requested.

Thank you very much for your valuable assistance in this process.

ATTN: SAAST
Office of Academic Programs
School of Engineering and Applied Science
220 South 33rd Street
111 Towne Building
Philadelphia, Pennsylvania 19104-6391
USA
Tel: +1-215-898-0053
Fax: +1-215-573-5577
Email: saast@seas.upenn.edu

PART 1: RELATIONSHIP BACKGROUND

How long have you known the applicant? _____

In what capacity have you known the applicant? (check all that apply)

- | | |
|--|--|
| Student in a course I teach.
Specify subject: _____ | Academic advisor/counselor
Community leader. Specify: _____ |
| School administrator (principal, dean, etc) | Other: _____ |

PART 2: APPLICANT CHARACTERISTICS. Keeping in mind your reference group, please evaluate the applicant candidly in each of the categories below by placing an "X" in the appropriate category:

	Below Average	Average	Above Average	Outstanding	Truly Exceptional	Cannot Judge
	Lowest 40%	40-75%	75-90%	90-95%	Highest 5%	
Analytical Skills						
Verbal Skills						
Teamwork						
Leadership Potential						
Judgment						
Creativity						
Maturity						
Sense of Humor						
Initiative						
Self-Discipline						

PART 3: COMMENTS. Please provide your comments on this applicant's achievements, abilities, personal qualities, academic preparation, potential to succeed professionally, and potential to lead and contribute toward society in general. Please submit your comments on separate sheets of paper, using official institutional letterhead.

(PLEASE EMBOSS OFFICIAL INSTITUTIONAL SEAL IN THIS SPACE IF AVAILABLE)

Signature of Recommender Date

Printed Name: _____ Position or Title: _____

Name of Institution: _____

Mailing Address: _____

Telephone: _____ Email: _____