

# 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](http://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: \_\_\_\_\_ Major: \_\_\_\_\_  
(Required) Month/Day/Year

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

Year for which you are applying:  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: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(Required)

What are the dates of your relationship with the individual you are recommending? From \_\_\_\_\_ to \_\_\_\_\_  
Month / Year 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%		Below average	Average	Above average	Well above average	Top 10%	Top 1%
Creative, original thought	<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>										
Motivation	<input type="checkbox"/>	Written expression of ideas	<input type="checkbox"/>										
Perseverance	<input type="checkbox"/>	Effective class discussion	<input type="checkbox"/>										
Independence, initiative	<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>										
Intellectual ability	<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>										

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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