

# RECOMMENDATION FORM

Please have this form completed by an academic source at your school and return to Office of Admissions, Duquesne University, 600 Forbes Ave., Pittsburgh PA, 15282, fax to 412.396.5644, or e-mail to [recommendations@duq.edu](mailto:recommendations@duq.edu).

Note: Health Science, Pharmacy, Forensic Science, Natural and Environmental Science and Nursing applicants should request a recommendation from either a science or math teacher.

Applicant's Name \_\_\_\_\_

High School Name, City and State \_\_\_\_\_

Please check one column in each line to critique the applicant's character and abilities.

	Excellent	Good	Average	Below Average	No Basis
<b>Character and Personality</b>					
Integrity and Values					
Leadership					
Emotional Maturity					
Extracurricular Involvement					
Contributions to the School/Community					
<b>Intellectual Ability and Achievement</b>					
Intellect					
Creativity					
Critical thinking					
Motivation/Initiative					
Communication Skills					

Overall Evaluation and Comments:

---



---



---



---

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

My judgment on this individual regarding admission to Duquesne University is to: (check one)

- Recommend     
  Do not recommend     
  Recommend with hesitation

Your Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

Do you authorize the Disclosure/Release of this recommendation to the applicant?  Yes  No