

*This form is developed for, and is to be used by, the members of the Universal College Application. All members evaluate this form equally with all other forms accepted by the institution. Please type or print neatly.*

**APPLICANT INFORMATION**

*Please complete the applicant information questions below, then give this recommendation form to a professor who taught you a full-credit college course. For ease of submission, please provide your professors with a stamped envelope addressed to each of the Universal College Application colleges to which you are applying.*

*Please enter your name as it appears on your passport or other official documents.*

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Legal Sex:  Male  Female      Gender Identity (optional):  Man  Woman  Self Identify \_\_\_\_\_      Social Security Number (optional) \_\_\_\_\_  
(###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City/Town State/Province Country Zip/Postal Code

College/University \_\_\_\_\_ CEEB Code \_\_\_\_\_

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your evaluation after you matriculate unless one of the following occurs:

- 1. The college or university does not save evaluations after matriculation
- 2. You waive your access rights below

Yes, I DO waive my rights to access this evaluation       No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

**PROFESSOR INFORMATION**

*The members of the Universal College Application are interested in your perspectives about the applicant's personal and academic capabilities for success in college. The information you provide will assist the member colleges with choosing applicants for admission. It is recommended you retain a copy of this form should the applicant require additional evaluations. You may forward copies of this form to other Universal College Application members. We are grateful for your time and assistance.*

Professor's Name \_\_\_\_\_ Position \_\_\_\_\_

Professor's Phone \_\_\_\_\_ Professor's Email \_\_\_\_\_  
Begin with Area or Country Code

College/University \_\_\_\_\_

College/University Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ City/Town State/Province Country Zip/Postal Code

## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

List the college courses you taught this applicant. Please include the course level of difficulty (introductory-level, upper-level, etc.) and the year in which you taught the applicant (i.e., freshman, sophomore)

## APPLICANT RATINGS

Please rate this applicant compared to other students in his or her class  I prefer not to participate in the applicant ratings section)

<b>ACADEMIC</b>	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHARACTER/ PERSONALITY TRAITS</b>	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EVALUATION

Please evaluate this applicant and include your thoughts about academic and personal traits. We are particularly interested in information that will help to differentiate this applicant from others. Feel free to include a separate sheet with additional information, as appropriate.

Overall, I recommend this student for admission  Not at all  With reservations  Fairly strongly  Strongly  Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of professor \_\_\_\_\_

Date \_\_\_\_\_