



DESALLES UNIVERSITY

Enrollment Services

# RECOMMENDATION FORM

2755 Station Avenue  
Center Valley, PA 18034-9568  
www.desales.edu

To be completed by the applicant:

**Name**

**Address**

**Phone Number**

To be completed by the applicant's teacher/mentor:

**APPLICANT EVALUATION:** Research has produced the following traits to describe the ideal DeSales student. Please use the boxes provided to evaluate this applicant.

	No basis for judgment	Below Average	Average	Above Average	Excellent
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space provided (or attach a sheet if necessary) to tell us more about this student.

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Signature

Date

Name

Title and Connection to Student

High School

Phone Number

How long have you known this student?