

Application for Undergraduate Admission Recommendation Form

Office of Admissions Armory & Gymnasium 716 Langdon Street Madison, WI 53706-1481
608/262-3961 Fax: 608/262-7706 onwisconsin@admissions.wisc.edu www.admissions.wisc.edu



Note: The use of this form is optional. Letters of recommendation may be submitted on letterhead, paper, stationery, etc.

To the Applicant: Complete the following information and submit this form to the individual from whom you are requesting a recommendation:

Applicant's Name _____ Campus ID# (if known) _____
 Name of High School _____ Home State _____
 Term Applied For (e.g., Fall 2009) _____ Date of Birth _____

To the Recommender: Use of this form is not required. You may fill out the following and/or include a separate letter of recommendation.

Your Name _____ Title _____
 Phone Number _____ E-mail _____
 Length of Acquaintance _____

Please assess the personal qualities of this student by checking the most appropriate box for each item listed:

	insufficient basis for judgement	exceptional (among top few ever)	outstanding (top 10% this year)	good (above average)	average	below average
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact w/ different groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive impact on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence and initiative	<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"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about this student, including academic and personal characteristics, unusual accomplishments, and/or obstacles overcome. Feel free to attach an additional sheet. Submit your recommendation directly to the Office of Admissions at the above address.

Signature _____ Date _____