2010 Freshman Application for Undergraduate Admission
Recommendation Form

2010

Return to: University of Delaware
Office of Admissions
Newark, DE 19716-6210

Telephone: (302) 831-8123
Fax: (302) 831-6905
E-mail: admissions@udel.edu
Web: admissions.udel.edu

We require one (1) letter of recommendation. You are encouraged to send us additional letters. If you are asking more than one person to write on your behalf, please make copies of this form. At least one letter should be from your high school counselor or from a teacher you have had in an academic subject during the past two years.

1. Applicant's Name _____

2. Applicant's UD ID# or Date of Birth _____

3. Applicant's Mailing Address _____
Street Address Apartment #/P.O. Box

_____
City State Country Zip Code/Postal Code (if non-U.S.)

Applicant: please let your recommender know the deadline you are trying to meet by checking the appropriate box below.

DEADLINES FOR RECOMMENDATION

Fall 2010 Admission

REGULAR DECISION FRESHMAN

Due by:

☐ December 1 for priority scholarship consideration or if the student is applying to the University Honors Program

☐ January 15 for admission consideration

☐ I voluntarily waive my right of access, under the Family Rights and Privacy Act, to all recommendations and any other materials that may be sent to the University of Delaware in connection with my application for admission.

☐ I do not waive my right.

_____
Applicant's Signature Date

TO THE RECOMMENDER:

We are interested in your evaluation of this candidate who is applying for admission to the University of Delaware. In addition to your assessment of the candidate's strengths and weaknesses, we would like to know what makes this student unique or distinctive and what you see as the student's special talents. You may write your comments on this sheet or you may attach a letter you have written specifically for this application or a more general recommendation that you have written for the student's file. Please accept our considerable thanks for your time and effort on this student's behalf. **If you do attach a sheet, please use high school letterhead and list the full name of the student.**

Recommender's Name and Title _____
Please print Dr./Mr./Ms./etc. Name Title

School or Other Affiliation _____

School Mailing Address _____

How long and in what capacity have you known the candidate? _____

_____
Recommender's Signature Date

Thank you for your cooperation.

2010

Name:_____

UD ID# or Date of Birth: _____