



Office of Enrollment Management
2601 Gentilly Boulevard, New Orleans, LA 70122-3043

Application for Admission

Academic Recommendation

3

To the Applicant: Complete the top section of this form to the heavy black line below. Give this form to a current teacher, college advisor or faculty member. The form should be returned to the address listed above.

Applicant's name _____
Last or family name First Middle
Social Security Number

Applicant's Address _____
Number and Street City State Zip

Phone number (____) _____

Secondary School _____
School Name

School address _____
Number and Street City State Zip

The Family Educational Rights and Privacy Act of 1974, effective January 1, 1975, provided that an applicant admitted to and enrolling at Dillard University is entitled to review records on file. If an applicant wishes his or her recommendations to Dillard University be submitted on a confidential basis, this right of access may be waived. If you wish this form to remain confidential, please sign below.

"I will not seek access to this confidential recommendation submitted on my behalf and used for admission and initial academic counseling purposes only."
(By signing here you will not have access to read or review this document.)

Applicant's signature _____ Date _____

Check the appropriate response for each of the following items:

- | | | | | | |
|-----------------------------|---|---|---|---|---|
| 1. Motivation | <input type="checkbox"/> Purposeless | <input type="checkbox"/> Vacillating | <input type="checkbox"/> Usually Purposeful | <input type="checkbox"/> Effectively motivated | <input type="checkbox"/> Highly Motivated |
| 2. Industry | <input type="checkbox"/> Seldom works even under pressure | <input type="checkbox"/> Needs constant pressure | <input type="checkbox"/> Needs occasional prodding | <input type="checkbox"/> Prepares assigned work regularly | <input type="checkbox"/> Seeks additional work |
| 3. Influence and Leadership | <input type="checkbox"/> Negative | <input type="checkbox"/> Cooperative but retiring | <input type="checkbox"/> Contributes in minor affairs | <input type="checkbox"/> Contributes in important affairs | <input type="checkbox"/> Judgement respected; proactive |
| 4. Concern for Others | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Somewhat socially concerned | <input type="checkbox"/> Generally concerned | <input type="checkbox"/> Deeply and actively concerned |
| 5. Responsibility | <input type="checkbox"/> Unreliable | <input type="checkbox"/> Somewhat dependable | <input type="checkbox"/> Usually dependable | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Assumes much responsibility |

This report is based on: Personal observation Other faculty/counselor recommendation
 Written records Other (specify)

Recommender's estimate of applicant's probable college success:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Little Success | <input type="checkbox"/> May encounter some difficulty | <input type="checkbox"/> Average | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Recommended | <input type="checkbox"/> Recommended with reservation | |
| <input type="checkbox"/> Prefer not to make recommendation | | | |

Comments:

Recommender's Name _____ *Please print* _____ Title _____

Work Phone Number _____ Fax Number _____

Signature _____ Date _____