Freshman Frontiers: First Term in Dublin
Letter of Recommendation

DREXEL UNIVERSITY
Office of
Admissions

Please complete the Student Information section and then give this form for completion to a teacher or guidance counselor. This form must be sent to Drexel by the recommender by **March 1, 2014**. We cannot accept letters of recommendation submitted by the applicant. Your application cannot be considered until the Office of Admissions receives this form.

Materials may be submitted by:

Email to freshfrontiers@drexel.edu
The subject line should state Freshman Frontiers, your name, and your Drexel Student ID.

Fax to 215-895-1285
The cover page should include Freshman Frontiers, your name, and your Drexel Student ID.

USPS mail to
Drexel University
Freshman Frontiers
PO Box 34789
Philadelphia, PA 19101

Express Courier (**DHL, FedEx, UPS, etc.**) mail to
Drexel University
3141 Chestnut Street
Philadelphia, PA 19104

Student Information

Please print your information clearly.

Student's First Name _____ Student's Last Name _____ Date of Birth _____

Address _____ Drexel Student ID _____

City _____ State _____ ZIP _____

I have submitted an application for Freshman Frontiers. I understand that this recommendation is confidential and will not be released either to me or a third party, and that it will be used only in the evaluation of my Freshman Frontiers application.

Signature _____ Date _____

Recommender Instructions

This student is applying for admission to the Freshman Frontiers program at Drexel University. We are interested in your candid appraisal of his/her intellectual motivation and personal qualities. Your evaluation is very important to us and will be an integral element in our decision-making process. Due to the specific qualifications required for this program, each question on this form must be completed. We are unable to accept a separate letter of recommendation in lieu of this form. Please visit **www.drexel.edu/freshmanfrontiers** for more information about our Freshman Frontiers program.

Recommender Name (please print) _____ Title _____ Phone _____

Address _____ Email _____

How long and in what capacity have you known this student? _____

_____

Please comment on the quality and nature of the student's academic work, attendance, participation, and intellectual motivation. Use specific examples if possible.

_____

_____

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_____

Please elaborate on this student's suitability for overseas study during his/her first year of college, including his/her maturity, motivation, and cultural sensitivity.

Please elaborate on this student's flexibility and comfort level when dealing with change, trying new things, and working with others. Use specific examples if possible.

Please explain any weaknesses this student may have, as well as any reservations you may have in recommending this student for overseas study during his/her first term of college.

Please list any special circumstances of which we should be aware.

Do you recommend this student? ☐ Yes ☐ Yes, with reservations ☐ No

Signature

Date