Penn
College of General Studies

UNIVERSITY OF PENNSYLVANIA
College of General Studies
3440 Market Street, Suite 100
Philadelphia, PA 19104-3335
www.penncgs.org

Please mail this letter of recommendation to:
CGS Admissions
3440 Market Street
Suite 100
Philadelphia, PA 19104-3335

To be completed by applicant (please print or type)

Name _____
Last (Family) name Given name Middle name

Desired Program:
- ❑ Undergraduate Degree (AA, BA, BFA)
- ❑ Post-Baccalaureate Undergraduate Studies
- ❑ Non-Traditional Graduate Studies

Desired Start Term _____

Address _____
Street

_____
City State Zip

Telephone _____ Email _____

Agreement Respecting Confidentiality
(Not required as a condition of admission)

I understand that this recommendation will be treated as confidential to the officers and faculty members of the University of Pennsylvania; I understand further that it will be used solely for the purpose on my application for admission.
I hereby ___ waive _____ do not waive my right of access to this recommendation.

Signature of Applicant Date

The person above has applied for admission to the University of Pennsylvania and has listed you as a recommender. In your letter of recommendation, if possible, please compare this applicant with others known to you who have attended or are now applying for admission to this school, and indicate how long you have known the applicant and in what capacity. The recommendation will not become part of the applicant's permanent record and is not subject to review by the applicant if he or she has signed the Agreement Respecting Confidentiality. In the absence of the signature, under federal law, the student is entitled to see this recommendation if he or she matriculates.

Signature Date

Type name and position

Institution or firm

E-mail Address