

University of Dallas Summer Art Academy Student Recommendation

To be completed by the applicant's Art/Teacher.

Your name: _____

Your title: _____

Your email address: _____

Applicant's name: _____

How long have you known the applicant? _____

In what capacity? _____

Please rate the applicant in the following areas:

	Outstanding	Above Average	Average	Below Average	Needs Improvement
Craftmanship					
Critical Thinking					
Attitude					
Ability to work with others					
Integrity					
Work ethic					
Potential for pursuing a career in Art.					

Please provide any additional comments about the applicant.

Signature: _____ Date: _____

Please mail this completed recommendation to: University of Dallas, 1845 E. Northgate Drive, Irving, TX 75062. Or you may email a scanned PDF to art@udallas.edu.