

GRADUATE ACADEMIC RECOMMENDATION FORM

EDUCATION DEPARTMENT

THIS PORTION IS TO BE COMPLETED BY THE APPLICANT:

Name _____

Phone () _____ Email _____

Graduate Program _____

Waiver: Sign one of the two statements and print name and date before giving this form to the person recommending you.

1. I understand that the amended Family Education Rights and Privacy Act provides that the application may waive the right to inspect letters of recommendation respecting admission to any education agency or institution. I hereby waive this right, thus electing to establish a confidential graduate admissions file with Holy Names University. I further understand that confidential letters of recommendation will be withheld from me. If I withdraw or revoke this waiver, confidential letters in my file will be withdrawn for return to the writer, and I will not be permitted to inspect them.

Signature _____

Name _____ Date _____

2. I elect to establish a non-confidential (open) graduate admission file with Holy Names University. Persons from whom letters of recommendation are solicited will understand that I may have access to them.

Signature _____

Name _____ Date _____

THIS PORTION IS TO BE COMPLETED BY THE RECOMMENDER:

The person named above is an applicant for admission to a teacher education program at Holy Names University. To evaluate the applicant, please answer the following items. We appreciate your insights and participation in the process.

1. How long and in what capacity have you known the applicant? _____

2. Please indicate the strengths and weaknesses of the applicant:

	Above Average	Average	Below Average	No Chance to Observe
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Potential in intended Field Career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Based on my observations, this applicant has my:

Strongest Recommendation Recommendation Recommendation with Reservation Limited Endorsement

4. Please provide a statement (preferable on letterhead) about the applicant's qualifications and suitability for the intended teacher education program and return it with this form.

Please type or print:

Name _____

Position/Title _____

Institution or Affiliation _____

Business Address _____

Phone () _____ Email _____

Signature _____ Date _____

Please complete, include your statement and send this reference to:

Holy Names University, Office of Graduate Admission, 3500 Mountain Boulevard, Oakland, CA 94619-1627.

Tel: 800.430.1321 or 510.436.1351; Fax: 510.436.1325; AdultEd@hnu.edu; www@hnu.edu