

TEACHER EDUCATION SCHOLARSHIP RECOMMENDATION FORM

This form must be included with each letter of recommendation.

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name: _____
(Last) (First) (Middle)

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significant statements to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access the recommendation or to decline to do so. I understand that this recommendation may be used within the College of Education for admission to other programs, scholarships, etc. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

I waive my right to review the contents of this recommendation.

I do not waive my right to review the contents of this recommendation.

Applicant Signature _____ Date: _____

II. TO BE COMPLETED BY THE RECOMMENDER

A. The College of Education Scholarship Committee is grateful for the insights you might provide regarding the character, integrity, and personality of the above named applicant. It will be particularly appreciated if you could identify the basis for your opinion about the applicant's academic ability and potential as a teacher education student/education professional. Please be as specific as possible.

B. Knowledge of the Applicant

1. I have known the applicant for _____ years _____ months

2. I know the applicant slightly fairly well very well

3. I have known the individual

as an undergraduate student

as a graduate student

as a principal/asst. principal

as an employee

as a district office supervisor

as a professional colleague

other: _____

C. Please staple this form to your typed letter on letterhead.

D. Please return your recommendation to the applicant in a sealed envelope with your signature over the seal.

Printed Name: _____

Title: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____