



RECOMMENDATION FORM: ACT / MAT/ MATESOL Programs

Complete the applicant information section only.

This form should then be given to the recommending official with an envelope addressed to School of Education.

Return to: School of Education Notre Dame of Maryland University 4701 North Charles Street Baltimore, MD 21210
Or email signed form to: gradedu@ndm.edu
fax signed form to: 410-532-5168

Applicant's Full Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Please circle your intended program: ACT MAT MATESOL

___ I Waive ___ I Do Not Waive my right to see the completed recommendation. Signed _____

To The Recommending Official: The person named above has requested that you submit a recommendation pertaining to his/her potential as a graduate student and as a professional teacher. To facilitate the application process the School of Education requests that you use this form for your recommendation statements.

Table with 8 columns: Please rate the candidate on the following scales, No Opportunity To Observe, Poor, Below Average, Average, Above Average, Excellent, Truly Exceptional. Rows include Intellectual Prowess, Breadth of General Knowledge, Creativity, Teaching Ability or Potential, Ability as a Speaker, Ability as a Writer, Ability to Get Along Well With Adults, Ability to Get Along Well With Youth, Acceptance of Responsibility, Judgment, Persistence, Independence, Overall Potential For This Program.

From what I know, I recommend the applicant for (Please check only one): ___ Admission ___ Admission with reservation ___ No admission
Please use the reverse of this sheet for a summary statement indicating the applicant's particular strengths and weaknesses. In what capacity and for how long have you known the applicant? Use an additional sheet if necessary.

Print Name _____

Signature _____

Institution _____

Position _____

Date _____

Telephone _____