

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: Notre Dame of Maryland University

Admissions Processing Center

Theresa Hall #001

4701 North Charles Street

Baltimore, MD 21210

Or email signed form to: processing@ndm.edu

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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please rate the candidate on thefollowing scales: | No Opportunity To Observe | Poor | Below Average | Average | Above Average | Excellent | Truly Exceptional |
|  |  | Lowest 20% | Next 20% | Middle 20% | Next 20% | Higher 15% | Highest 5% |
| Intellectual Prowess |  |  |  |  |  |  |  |
| Breadth of GeneralKnowledge |  |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |  |
| Teaching Ability orPotential |  |  |  |  |  |  |  |
| Ability as a Speaker |  |  |  |  |  |  |  |
| Ability as a Writer |  |  |  |  |  |  |  |
| Ability to Get AlongWell With Adults |  |  |  |  |  |  |  |
| Ability to Get AlongWell With Youth |  |  |  |  |  |  |  |
| Acceptance ofResponsibility |  |  |  |  |  |  |  |
| Judgment |  |  |  |  |  |  |  |
| Persistence |  |  |  |  |  |  |  |
| Independence |  |  |  |  |  |  |  |
| Overall Potential ForThis 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 Date

Position \_ Telephone