



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: Candidate traits (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, Judgement, Persistence, Independence, Overall Potential For This Program) and 7 rating scales (No Opportunity To Observe, Poor, Below Average, Average, Above Average, Excellent, Truly Exceptional) with sub-percentages.

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 _____