

LaFetra College of Education

Pursuant to the Family Education Rights & Privacy Act (Buckley Amendment), signed into law on December 31, 1974, I, the undersigned, DO _____/DO NOT _____ waive my right of access to inspect and review this letter of recommendation.

_____ (Applicant's Signature) _____ (Date)

Name of Applicant _____

Graduate Program _____ Location _____

The Individual named above has applied for admission to graduate study at the University of La Verne. Departmental graduate review committees place great importance on the testimony of college faculty members and others qualified to render judgment on the applicant's academic potential, professional competence and character.

Your Name _____ Title _____

University or Firm _____

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

2. Please comment on the applicant's academic preparation and abilities (both positive and negative).

3. Please give us your judgment of the applicant's ability to do graduate work in the field specified above. Comment on his/her potential for success in the profession.

4. In comparison with other graduate students whom you have known, how would you rate the applicant with respect to the following qualities:

	Below Average (Bottom 1/3)	Average (Middle 1/3)	Good (Top 1/3)	Outstanding (Top 5%)	Inadequate opportunity to observe
Intellectual ability					
Maturity					
Leadership Potential					
Collaborates with others					
Written skills					
Oral skills					
Commitment to Student Success					
Sensitivity to Diversity					
Ability to apply technology					

5. Please write any additional comments that may be helpful as we consider this student's application:

6. Overall, do you: _____ strongly recommend _____ recommend _____ recommend with reservations _____ not recommend?

Signature _____ Date _____

Graduate Reference

Instructions for Returning Recommendation

Please fold or tape, do not staple, and mail today.

Your prompt response in returning this form is essential to a timely decision. We appreciate your assistance and want to assure you that your comments will be carefully considered.

***PLACE
STAMP
HERE***

***University of La Verne
Regional Campus Administration
1950 3rd Street
La Verne, CA 91750-9984***