



# LETTER OF RECOMMENDATION

**Masters' program:**

- MED
- MEDL (Leadership)
- MEDR (Reading)

**Certification program:**

- Principal
- Special Ed Supervisor
- Superintendent

Letter of Recommendation for \_\_\_\_\_

*The Admissions Committee would appreciate your candid appraisal of the applicant. If you wish to use a letter or different format, please feel free to do so.*

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please assess the applicant relative to other students or employees whom you have known in a similar capacity:**

	<b>Outstanding</b> (top 2%)	<b>Superior</b> (top 10%)	<b>Good</b> (top third)	<b>Fair</b> (middle third)	<b>Unable to judge</b>
<b>Intellectual ability</b>					
<b>Ability to work with others</b>					
<b>Ability in written expression</b>					
<b>Ability in oral expression</b>					
<b>Maturity</b>					
<b>Initiative/independence</b>					
<b>Creativity/originality</b>					
<b>Potential for career advancement</b>					

Please comment on the applicant's primary strength and/or weakness and any other remarks you may feel are important: *(if more space is needed, please use reverse side.)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is your overall recommendation?**

- Strongly recommend
- Recommend
- Recommend with some reservation

Signature of recommender: \_\_\_\_\_

Name of recommender *(please print)*: \_\_\_\_\_

Position or title: \_\_\_\_\_

School or firm: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

**Return this form to:**

Saint Francis University  
Graduate Education  
PO Box 600  
Loretto, PA 15940-0600