New Paltz
STATE UNIVERSITY OF NEW YORK

LETTER OF RECOMMENDATION FOR ADMISSION

Return to applicant by _____
(month/day/year)

Name _____

Proposed program of study and degree: _____

Name of recommender: _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records, and permits them to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I ☐ waive ☐ do not waive my right to inspect the contents of this recommendation.

Student's Signature _____ Date _____

To the recommender: We would appreciate your opinion of this applicant's potential for success in graduate study. How long and in what capacity have you known the applicant? Please comment on the applicant's academic ability and aptitude for advanced study in the proposed field of study and degree. If you prefer to write a personal letter rather than use this form, please do so and attach this form to your letter. We pay careful attention to your appraisal, and we are grateful for your assistance.

To the applicant: This form should be copied for your recommender. Complete the top portion of this form. Provide your recommender with a stamped self-addressed envelope.

Signature _____ Date _____

Position _____

Address _____

E-mail _____

To the Recommender: Please seal your recommendation in the envelope provided by the student, sign across the seal, and mail. We appreciate your prompt reply. NOTE: Do not complete the reverse side of this form unless the applicant is applying for the MSED in School Leadership (080A) or one of the CAS in School Leadership programs.

DO NOT COMPLETE THIS FORM UNLESS THE APPLICANT IS APPLYING TO THE MSEd (080A) OR CAS IN SCHOOL LEADERSHIP.

From my contacts with this candidate, I would rank him (her) as follows among professionals I have known:

	LOWEST QUARTER		MIDDLE QUARTER		HIGHEST QUARTER
1. Teaching or related professional ability	1	2	3	4	5
2. Capacity for professional growth	1	2	3	4	5
3. Application of professional judgment	1	2	3	4	5
4. Application of human relation skills	1	2	3	4	5
5. Potential ability as a school Supervisor or Principal	1	2	3	4	5

Remarks:

_____

_____

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_____

Signature _____ Date _____

Position _____

School _____

Address _____

_____

Telephone _____