



EAST STROUDSBURG UNIVERSITY of Pennsylvania

East Stroudsburg, PA 18301-2999
(570) 422-3536 toll-free (866) 837-6130
Email: grad@po-box.esu.edu

Graduate & Extended Studies

RECOMMENDATION FORM
Graduate & Certification Programs
in Education

TO BE COMPLETED BY APPLICANT

(Please print)

LAST NAME

FIRST NAME

MIDDLE

PROPOSED FIELD OF STUDY

Are you applying for a Graduate Assistantship? Yes No

Statement on Confidentiality. Under the *Family Education Rights and Privacy Act of 1974*, students admitted to East Stroudsburg University have a right to review admission records, including letters of recommendation. If the student has waived this right of review, this letter will be held in confidence.

Waiver. In accordance with the Family Education Rights and Privacy Act of 1974, **I waive my rights to review this letter.** (Do not sign if you do not waive your rights to review this letter.)

Signature of Applicant

Date

TO BE COMPLETED BY RECOMMENDER

NAME OF RECOMMENDER: *(Please print)*

POSITION AND DEPARTMENT:

ADDRESS _____

PHONE NUMBER:

() _____ - _____

EMAIL _____

Are you related to the applicant? NO YES

How long have you known applicant? _____ **In what capacity?**

Enclose this form and any additional pages in a sealed envelope, sign across the seal and mail it to the Graduate College at: **East Stroudsburg University of Pennsylvania, Graduate College, 200 Prospect Street, East Stroudsburg, PA 18301-2999.**

CONTINUE ON BACK

Instructions:

Please rate the applicant compared to others who have attended graduate school in recent years.

	Truly Exceptional	Highly Recommended	Recommend	Recommend with reservations	Do Not Recommend	Unable to judge or not observed
Academic Performance						
Work Ethic						
Motivation						
Writing and Communication Skills						
Ability to work collaboratively						
Potential for success						

Strengths and weaknesses of the applicant

Please comment on the applicant's strengths and weaknesses. If you use a separate page, please include both your name and the applicant's name. Thank you.

Statement of Strengths and Weaknesses:

Signature of Recommender

Date