



**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**

*(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**

**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	Highly	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*