



**EAST STROUDSBURG UNIVERSITY of Pennsylvania**

*Reibman Administration Building*  
East Stroudsburg, PA 18301-2999  
(570) 422-3536 toll-free (866) 837-6130  
Email: grads@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