



Framingham State University

C. Louis Cedrone International Education Center
100 State Street, P.O. Box 9101
Framingham, MA 01701-9101

Tel: 508.626.4964 Fax: 508.626.4062
cedronecenter@framingham.edu
www.framingham.edu/iep

Letter of Recommendation

TO THE APPLICANT

Please type (or print in ink) the information requested below, sign the form, and give it to a person well acquainted with your academic and/or professional abilities who has agreed to recommend you for admission.

Legal Name:

Last/Surname

First

Middle

Proposed area of study: _____

This recommendation is to be: (Applicant must check one.)

- I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Framingham State University.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Framingham State University.

Signature of Applicant: _____

Date: _____

TO THE RECOMMENDER

Thank you for providing a recommendation for the applicant named above. We value your candid and thoughtful assessment of the applicant. Your comments will be reviewed only by persons involved in the admissions process.

Please attach a separate letter of recommendation on your own letterhead or stationery. We ask that your recommendation include answers to the following questions, and invite you to provide other pertinent information. The Admissions Committee will appreciate comments that indicate the basis for your checklist ratings. What is your assessment of the applicant's strengths and weaknesses? How do you view the applicant's motivation for teacher licensure and characteristics relevant to success (e.g., academic ability, work habits, organization, and ability to work independently).

1. How long and in what capacity have you known the applicant?
2. Please complete the rating scale below by placing a (☑) in the appropriate column that represents your candid opinion.

| | Excellent | Above Average | Below Average | Fair | Unable to Evaluate |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude (Professional Outlook) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character (Honesty-Integrity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications (Aural-Oral Skills) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability (Willingness-Preparation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Judgment (Maturity-Professional Ethics) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership (Initiative-Self-Direction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scholarship (Professional Preparation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. In summary I... strongly recommend recommend recommend with reservations do not recommend this applicant
4. Please return the signed form to the Division of Graduate and Continuing Education, Framingham State University, at the above address.

Signature: _____

Date: _____

Type or print name: _____

Title: _____

Organization and Address: _____

Telephone: _____