



Applicant's Name: (PLEASE PRINT) \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person

Completing This Form: (PLEASE PRINT) \_\_\_\_\_

TO THE APPLICANT: Submit to the University of Saint Francis Admissions Office two (2) recommendations using copies of this form. Include at least one from a former college professor or colleague and one from an employer or supervisor who has observed you in a professional setting. For the convenience of the person completing the form, include a stamped envelope addressed to the Admissions Office, University of Saint Francis, 2701 Spring Street, Fort Wayne, IN 46808.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

\_\_\_ I waive my right to review this recommendation.

\_\_\_ I do not waive my right to review this recommendation.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

TO THE REFERENT:

Please complete and mail this form so that it reaches the University of Saint Francis by \_\_\_\_\_.

RECOMMENDATION

- 1. I have known the applicant for \_\_\_\_\_ years, \_\_\_\_\_ months.
2. I know the applicant: [ ] slightly [ ] fairly well [ ] very well
3. I have known the applicant: [ ] as an undergraduate student [ ] as an assistant [ ] as a graduate student [ ] as an advisee [ ] as an employee [ ] other, please specify: \_\_\_\_\_
4. The applicant has taken: [ ] none of my classes [ ] one of my classes [ ] two or more of my classes
5. Indicate the population with which the applicant is being compared in this rating: [ ] Undergraduate students whom I have taught or known [ ] Graduate students whom I have taught or known [ ] All students, undergraduate and graduate, whom I have taught or known [ ] Colleagues with whom I have worked
6. How would you rate the applicant's potential for as a teacher? [ ] Poor [ ] Fair [ ] Good [ ] Excellent [ ] Cannot determine
7. Is the applicant's academic potential greater or less than that indicated by his/her grades? Insert an X where appropriate on the scale below:

Table with 6 columns: much less, somewhat less, equal, somewhat greater, much greater, no basis for judgment

8. Global Ratings: Compared to the population indicated in Item 5, rate this applicant on each:

<b>CHARACTERISTIC</b>	<b>Lower 50%</b>	<b>Upper 50%</b>	<b>Upper 25%</b>	<b>Upper 10%</b>	<b>Upper 5%</b>	<b>No Basis For Judgment</b>
Applies Problem Solving Skills						
Displays Independence & Initiative						
Uses Standard English Language Orally						
Uses Standard English Language in Writing						
Shows Responsibility – takes ownership of problems						
Shows Evidence of General Knowledge						
Embraces the Use of Technology						
Demonstrates Social Awareness and Concern						
Treats Others in an Equitable, Fair and Just Manner						
Assesses the Needs of Others						
Portrays Appropriate Teaching Skills						
Displays Emotional Maturity						
Exhibits the Ability to Work with Others						
Utilizes Research Skills						
Possesses Leadership Skills						
Models Ethical Behavior						
Seeks Opportunities to Grow Professionally						

9. Indicate the strength of your overall endorsement of the applicant:
- Not recommended       Recommended with some reservation
- Recommended       Highly recommended

10. In the space below or on additional pages, please include information as it relates to the applicant’s ability to be successful in a Education Licensure program. Also, address any concerns.

Signature of person completing this form: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Institution or Affiliation: \_\_\_\_\_

Thank you for completing this form. Please return this form (for which the applicant has supplied a stamped addressed envelope) to:

**University of Saint Francis**  
**Admissions Office**  
**2701 Spring Street**  
**Fort Wayne, IN 46808**