PROFESSIONAL LETTER OF RECOMMENDATION FORM

Name of applicant: _____________________________________________________________________________

To the applicant:

The Family Educational Rights and Privacy Act of 1974 allows a student to review his or her file. The law also permits a student to sign a waiver relinquishing the right to inspect letters of recommendation.

Your signature below constitutes a waiver. No signature means you will have the right to read this reference.

Signature of Applicant

To the evaluator:

The above-named student has applied for admission to the School of Education at Manhattanville College and is asking for a recommendation from you as part of the admissions process. We appreciate your honesty and frankness in filling out this form.

Please answer the following questions about the above-named student.

1) How long have you known the applicant and in what capacity?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

2) What is your impression of the applicant’s ability to undertake a graduate program in the field of education?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

3) What is your impression of the applicant’s potential for success in a career in teaching?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
4) Please comment on the applicant’s character, personality, maturity, stability and responsibility.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5) Overall, how would you rate the applicant as a potential graduate student?

☐ Outstanding  ☐ Good  ☐ Fair  ☐ Poor

6) Additional Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Name of Evaluator: ____________________________________________
Position/Title: ________________________________________________
Organization/Affiliation: ________________________________________
Address: ______________________________________________________
City: ___________________________ State: __________ Zip: __________
Phone: ___________________________ E-mail: ______________________

______________________________________________________________
Signature of Evaluator/Recommender  Date

Please make a copy for your files and forward the original letter in a sealed envelope to:

Manhattanville College
School of Education
Graduate Admissions Office
2900 Purchase Street
Purchase, NY 10577