

Please Print Clearly

Section I. Personal Information

Ms. Mrs.
 Mr. Dr.

NAME: _____ Other NAMES: _____
Last First Middle

UofL Student ID: _____ Social Security Number: _____ Program: _____

What semester and year are you applying for admission? Fall Spring Summer **20**

Section II. To the Candidate

Did you waive your right to view all or any of the letters of recommendation? Yes No

The College of Education & Human Development requires all candidates applying to an initial teacher certification program to submit three (3) letters of recommendation. One recommendation should be from a college or university faculty member who has taught you in class, another should be concerning your work in the community (for example: Employer, religious group, volunteer organization, etc.), and the third should be from someone who can describe your ability to work with children/adolescents. We strongly encourage you to submit these recommendations as specified. Additional letters of recommendation are optional.

Candidates may choose to waive their rights to access and view their recommendations. Regardless of whether you have waived your right, *include the recommendation forms and letters in sealed and signed envelopes with your admissions portfolio.*

Section III. List of Recommenders

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Faculty/Academic Recommender Name

Contact Information (i.e. phone number, e-mail)

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Children/School Base Recommender Name

Contact Information (i.e. phone number, e-mail)

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Community/Professional Recommender Name

Contact Information (i.e. phone number, e-mail)

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Optional Recommender Name

Contact Information (i.e. phone number, e-mail)