

Faculty/Academic Recommendation Form

Education Advising Center, College of Education & Human Development, University of Louisville, Louisville, KY 40292
Phone: 502-852-5597, Fax: 502-852-1465, E-mail: teacher@louisville.edu

Section I. Personal Information	To the Candidate: Fill out the top half of the form before you give it to your recommender. Be sure to indicate whether you choose to waive your rights to review the letter, and sign and date the form.
	Other NAMES:
JofL Student ID: Social Security Number:	Program:
What semester and year are you applying for admission?	□ Summer 20
of 1974, it is a student's right to inspect and review confidential letters	ght to review this letter of recommendation. re my right to review this letter of recommendation.
Candidate's Signature	Date
portion of the cover page and include an additional letter (on letterhead, if possible) addressing addressing the candidate exhibits in relation to teaching; the candidate's critical this ability to work in group settings. Regardless if the candidate has waived his/her right to view the letter in a sealed and signed envelope to the candidate in order for him/her to include it	nking, communication and organizational skills; and the candidate's nis recommendation, please provide this recommendation form and
Recommender's Printed Name	Relationship to the Candidate
I recommend the candidate without reservation as an excellent prospec	ct. Phone #
I recommend the candidate with some reservations. I do not recommend the candidate for teacher education at this time.	E-mail Address
Recommender's Signature	Date