

## Professional/Community 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						<b>To the Candidate:</b> 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.			
	Mrs		E:	First		Oth	er NAMES:		
UofL Student ID:      Social Security Number:						Program:			
of 1974, it is a student's right to inspect and review confidential letters						Summer	20		
						o not waive my right to review this letter of recommendation.			
Candidate's Signature						Date			
portion of qualities th leadership	the covered the canding and organization,	ver page a date exhi ganization please pr	form has been given to you and include an additional let bits; the strengths and areas all skills; his/her ability to wovide this recommendation io.	ter (on letterhead, if post of improvement as the pork in group settings	possible) addressiney relate to teac , and the like. F	ing such issues as ho hing; the ability to w legardless if the can	w you know the candidate ork with other professiona didate has waived his/her	e; the professional ls; the candidate's right to view this	
	Recommender's Printed Name					Relationship to the Candidate			
	I recommend the candidate without reservation as an excelle  I recommend the candidate with some reservations.  I do not recommend the candidate for teacher education at the					ospect. Phone #			
						E-mail Address			
Recommender's Signature							Date		