

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

--	--

Faculty/Academic Recommender Name

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

--	--

Children/School Base Recommender Name

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

--	--

Community/Professional Recommender Name

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

--	--

Optional Recommender Name

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

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.

- 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** _____

Note: In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives that right.

I waive my right to review this letter of recommendation.

I do not waive my right to review this letter of recommendation.

Candidate's Signature

Date

Section II. To the Recommender

To the Recommender: This form has been given to you to address the academic skills and proficiency of the candidate listed below. Please fill out the bottom portion of the cover page **and** include an additional letter (on letterhead, if possible) addressing such issues as how you know the candidate and for how long; the academic qualities the candidate exhibits in relation to teaching; the candidate's critical thinking, communication and organizational skills; and the candidate's ability to work in group settings. Regardless if the candidate has waived his/her right to view this recommendation, **please provide this recommendation form and the letter in a sealed and signed envelope to the candidate in order for him/her to include it with the admissions portfolio.**

Recommender's Printed Name

Relationship to the Candidate

- I recommend the candidate without reservation as an excellent prospect.
 I recommend the candidate with some reservations.
 I do not recommend the candidate for teacher education at this time.

Phone #

E-mail Address

Recommender's Signature

Date

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.

- 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** _____

Note: In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives that right.

I waive my right to review this letter of recommendation.

I do not waive my right to review this letter of recommendation.

Candidate's Signature

Date

Section II. To the Recommender

To the Recommender: This form has been given to you to address the professional skills and proficiency of the candidate listed below. Please fill out the bottom portion of the cover page **and** include an additional letter (on letterhead, if possible) addressing such issues as how you know the candidate; the professional qualities the candidate exhibits; the strengths and areas of improvement as they relate to teaching; the ability to work with other professionals; the candidate's leadership and organizational skills; his/her ability to work in group settings, and the like. Regardless if the candidate has waived his/her right to view this recommendation, **please provide this recommendation form and the letter in a sealed and signed envelope to the candidate in order for him/her to include it with the admissions portfolio.**

Recommender's Printed Name

Relationship to the Candidate

- I recommend the candidate without reservation as an excellent prospect.
 I recommend the candidate with some reservations.
 I do not recommend the candidate for teacher education at this time.

Phone #

E-mail Address

Recommender's Signature

Date

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.

- 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** _____

Note: In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives that right.

I waive my right to review this letter of recommendation.

I do not waive my right to review this letter of recommendation.

 Candidate's Signature

 Date

Section II. To the Recommender

To the Recommender: This form has been given to you to address the candidate's ability to interact with children/adolescents. Please fill out the bottom portion of the cover page **and** include an additional letter (on letterhead, if possible) addressing such issues as how you know the candidate and for how long; the teaching qualities the candidate exhibits; the ability to relate to and work with children/adolescents, lead children/adolescents, organize activities toward children/adolescents, and work in group settings with children/adolescents. Regardless if the candidate has waived his/her right to view this recommendation, **please provide this recommendation form and the letter in a sealed and signed envelope to the candidate in order for him/her to include it with the admissions portfolio.**

 Recommender's Printed Name

 Relationship to the Candidate

- I recommend the candidate without reservation as an excellent prospect.
 I recommend the candidate with some reservations.
 I do not recommend the candidate for teacher education at this time.

 Phone #

 E-mail Address

 Recommender's Signature

 Date