

UNION GRADUATE COLLEGE

School of Education Applicant's Letter of Recommendation

Union Graduate College
80 Nott Terrace
Schenectady, New York 12308

Telephone: 518.388.6642
Fax: 518.388.6686
Email: info@uniongraduatecollege.edu
www.uniongraduatecollege.edu

PART A: TO BE COMPLETED BY APPLICANT.

- I hereby waive my right of access to information recorded on this form/supplemental sheets.
 I do not waive my right of access.

Applicant's Name _____
LAST FIRST MIDDLE/MAIDEN

Phone Number () _____

Email _____

Address of Applicant _____
NUMBER STREET CITY STATE ZIP CODE

Intended Program of Study/Degree _____

Applicant's Signature _____ Date _____

PART B: NARRATIVE. TO BE COMPLETED BY RECOMMENDER.

Name of Recommender _____
NAME ORGANIZATION POSITION HELD PHONE

Address of Recommender _____
NUMBER STREET CITY STATE ZIP CODE

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

Using the chart below, please rank the applicant relative to other students or employees you have known in a similar capacity.

	Not Observed	Weak Lower 50%	Fair Top 50%	Good Top 25%	Outstanding Top 2%
Intellectual potential					
Ability to work with others					
Maturity					
Self-confidence					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and formulate a solution					
Ability to receive and use critical feedback					

Please provide a frank assessment of the applicant on the attached sheet or in a separate letter on your letterhead. The Committee on Admissions seeks your opinion regarding the applicant's character, personality and your judgment regarding his/her ability to master advanced study in his/her chosen field. A candid description of the applicant's strengths and weaknesses is most helpful.

NARRATIVE:

Signature _____ Date _____

DO NOT RETURN THIS FORM TO THE APPLICANT. PLEASE SEND IT DIRECTLY TO:

Admissions Coordinator, Union Graduate College, 80 Nott Terrace, Schenectady, NY 12308