



Letter of Recommendation

Part I: To be completed by the Candidate

(a) please print or type your full name and address, (b) check your preference for access, and (c) give this form to your recommender. Return your completed form using the address, email or fax listed above.

Name _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Proposed Program of Study _____ Email _____ Phone _____

In compliance with the Family Educational Rights and Privacy Act of 1974:
 ___ I waive my rights to review this form. ___ I do not waive my rights to review this form.

Part II: To be completed by the Recommender

The individual listed above has selected you to write a candid statement about his/her potential for graduate study at McDaniel College. Please assess the individual by completing the rating scale below. You may submit the completed form by using the address, email or fax listed above.

Recommender's Signature _____ Printed name _____ Date _____

Title and Organization _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Please rank the applicant for:	Exemplary	Competent	Acceptable	Not Apparent	No opportunity to observe
1. Potential for scholarly endeavor					
2. Potential for service and leadership to the profession					
3. Appreciation of and ability to create supportive environments for diverse clients/learners					
4. Accepts feedback, evaluates actions					
5. Takes advantage of professional opportunities					
6. Oral communication skills					
7. Written communication skills					
8. Technological proficiency					

You may write additional comments on the back of this form or attach a separate page.

- | | |
|--------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Highly recommend | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend |