



LETTER OF RECOMMENDATION
FOR CANDIDATE

Instructions to the Applicant: This form should be given to a professional (a faculty member, supervisor, or other professional familiar with your work) who is able to comment on your qualifications for graduate study. Please complete the Applicant section yourself.

APPLICANT:

Name (*Print Last, first, middle*) Last Four Digits of SSN Program of Study

Address City State Zip Code

Name, title, and school or organization of the person who will complete the recommendation:

Name (*Print first and last name*) Title School or Organization

Should you be admitted to the Kalmanovitz School of Education at Saint Mary's College of California you would have the right as a student to review your permanent record, including this recommendation form. Some persons prefer not to complete recommendation forms, unless they can be assured of the confidentiality of their comments. Therefore, Saint Mary's College is affording you the opportunity to waive your right of subsequent access to this letter. Your application for admission will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review of this letter

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

Applicant's Signature Date

Instructions to the Person Making the Recommendation: We would appreciate your candid opinions of the ability of the candidate to achieve success in their program of study. Please attach a separate typed or written statement on your letterhead, if available. Return your statement directly to the School of Education, P.O. Box 4350, Moraga, CA 94575-4350. Pursuant to the federal legislation, all letters of recommendation may be made available to the student upon the student's request, unless he or she has waived this right by signing the space above.

Signature of Author Date Email Address
Telephone number _____

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