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PROFESSIONAL LETTER OF RECOMMENDATION FORM

Name of applicant: _____

To the applicant:

The Family Educational Rights and Privacy Act of 1974 allows a student to review his or her file. The law also permits a student to sign a waiver relinquishing the right to inspect letters of recommendation.

Your signature below constitutes a waiver. No signature means you will have the right to read this reference.

Signature of Applicant

To the evaluator:

The above-named student has applied for admission to the School of Education at Manhattanville College and is asking for a recommendation from you as part of the admissions process. We appreciate your honesty and frankness in filling out this form.

Please answer the following questions about the above-named student.

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

2) What is your impression of the applicant's ability to undertake a graduate program in the field of education?

3) What is your impression of the applicant's potential for success in a career in teaching?



4) Please	comment	on	the	applicant's	character,	personality,	maturity,	stability	and
	respor	nsibility.								

ō) Overall, how wou	ld you rate	the applica	ant as a potentia	al graduate student?				
🗌 Outstanding	🗌 Good	🗌 Fair	🗌 Poor					
6) Additional Comm	nents:							
Nameof Evaluator:_								
Position/Title:								
Address:								
City:			State:	Zip:				
			E-mail:					

Signature of Evaluator/Recommender

Date

Please make a copy for your files and forward the original letter in a sealed envelope to:

Manhattanville College School of Education Graduate Admissions Office 2900 Purchase Street Purchase, NY 10577