



RECOMMENDATION FORM: ACT / MAT/ MATESOL Programs

Complete the applicant information section only.

This form should then be given to the recommending official with an envelope addressed to Graduate Admissions.

Return to: Graduate Admissions Office
Notre Dame of Maryland University
4701 North Charles Street
Baltimore, MD 21210

Applicant's Full Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Please circle your intended program: ACT MAT MATESOL

I Waive I Do Not Waive my right to see the completed recommendation. Signed _____

To The Recommending Official: The person named above has requested that you submit a recommendation pertaining to his/her potential as a graduate student and as a professional teacher. To facilitate the application process the Graduate Admissions Office requests that you use this form for your recommendation statements.

Please rate the candidate on the following scales:	No Opportunity To Observe	Poor	Below Average	Average	Above Average	Excellent	Truly Exceptional
		Lowest 20%	Next 20%	Middle 20%	Next 20%	Higher 15%	Highest 5%
Intellectual Prowess							
Breadth of General Knowledge							
Creativity							
Teaching Ability or Potential							
Ability as a Speaker							
Ability as a Writer							
Ability to Get Along Well With Adults							
Ability to Get Along Well With Youth							
Acceptance of Responsibility							
Judgment							
Persistence							
Independence							
Overall Potential For This Program							

From what I know, I recommend the applicant for (Please check only one): Admission Admission with reservation No admission
Please use the reverse of this sheet for a summary statement, indicating the applicant's particular strengths and weaknesses. In what capacity and for how long have you known the applicant? Use an additional sheet if necessary.

Print Name _____

Signature _____

Institution _____

Position _____

Date _____

Telephone _____