



RECOMMENDATION LETTER
(Mailing Address)
SOUTHERN CONNECTICUT STATE UNIVERSITY
GRADUATE COORDINATOR
EDUCATION DEPARTMENT, DA 116
501 CRESCENT STREET
NEW HAVEN, CT 06515

Applicant: _____

Certification Area: Elementary Education

I hereby waive my right of access under The Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation.

Signature: _____ **Date:** _____

TO BE COMPLETED BY THE RECOMMENDER

The admissions procedure to the School of Education certification programs requires the applicant to obtain individual recommendations, along with other documents. After completing this form, please have the applicant hand deliver it to our department, or mail it to the above address. Thank you for your cooperation.

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

Please rate the applicant relative to other students or employees whom you have known in a similar capacity.

	Excellent	Very Good	Good	Fair	Poor	No Info.
Intellectual Potential						
Ability to Work With Others						
Creativity & Imagination						
Maturity						
Self-Confidence						
Communication Skills: Oral						
Communication Skills: Written						
Ability to Analyze Problems & Formulate Solutions						
Motivation for Proposed Program of Study						

Please write your comments on the above topics and other areas, which indicate the suitability of the candidate for admission as an elementary school teacher, on the back of this form. Thank you.

Date _____

_____/_____
Recommender's Signature (Also, Print Name Legibly)

Recommender's Address

City State Zip Code

Telephone Number(s)