

To Be Completed by the Recommender

Thank you for your willingness to complete this recommendation. Your comments will be an important factor in the admission decision, and a prompt reply is appreciated. A letter of recommendation may be submitted in lieu of this form; however, we ask that you provide your detailed contact information as specified on the back of this form.

How long have you known the applicant? Years _____ Months _____

Under what circumstances have you known the applicant?

What do you consider the applicant's most outstanding talents, strengths, or personal characteristics?

In your opinion, what are the applicant's chief weaknesses?

Please comment on the applicant's current and past work or other life experiences which may impact the applicant's success in the proposed program of study.

Please comment upon the applicant's potential for future success as a professional in the field of education.

Please comment upon the applicant's undergraduate academic preparation.

Summary Evaluation: Using the chart below, please rate the applicant relative to others you have known in a similar capacity:

	Excellent	Good	Fair	Poor	Not Observed
Academic performance					
Creative ability					
Intellectual potential					
Leadership potential					
Judgment					
Maturity					
Energy level					
Communication skills: oral					
Communication skills: written					
Organizational skills					
Flexibility in work-related situations					
Ability to analyze a problem and formulate a solution					
General knowledge level					
Motivation for proposed program					
Ability to work with others					
Ability to work independently					

Additional Comments:

Signature _____ Date _____

Name (please print) _____

Company _____

Position _____

Phone number (____) _____

Address _____

City, State, Zip Code _____

Please return directly to:

**North Park University
Admission & Financial Aid Office, Box 29
3225 West Foster Avenue
Chicago, Illinois 60625-4895**

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**NORTH PARK
UNIVERSITY
CHICAGO**

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CHICAGO

3225 West Foster Avenue
Chicago, Illinois 60625-4895
(773) 244-5613

Recommendation Form for Graduate and Continuing Studies in Education

To Be Completed by the Applicant

Applicant Name: _____
Last First M.I. Maiden

Mailing Address: _____
Number Street Apartment #

_____ *City State Zip Code County*

Email Address: _____

Phone Number: _____
Home Work

- Program:
- Teacher Certification
 - Master of Arts in Education
 - Master of Arts in Education with Teacher Certification (MATC)

I acknowledge that this reference is confidential and I waive my right to view it at a later date.

Signature _____ Date _____