MASTER’S OF CURRICULUM AND INSTRUCTION
PROGRAM SHIPPENSBURG UNIVERSITY

Recommendation Form

Name: ____________________________________________________________

Date: __________________

Under the provision of the PA Right to Know Law and the Federal Family Educational
Rights Privacy Act of 1974:

[ ] I RETAIN my right to review this letter
[ ] I WAIVE my right to review this letter

OR

Signature: _______________________________________________________

The person listed above has applied for consideration as a degree candidate in our
Curriculum and Instruction Program and must provide three (3) professional
recommendations. Your assessment will assist the faculty in determining admission.

Please complete both pages of the recommendation form and return it to:

Office of Graduate
Admissions
Shippensburg
University
OM 105
1871 Old Main Drive
Shippensburg, PA
17257-2299

1. How long and in what capacity have you known the applicant:
2. What are the applicant's major assets both personally and professionally?

3. Does this individual display any characteristics that would hinder him/her from growing as a professional educator?

4. How well does the individual interact with others?
5. How does this applicant manage stressful situations?

6. Are there any other factors that would help the Committee assess the candidate’s ability to work with individuals in an educational setting?

Print your name: __________________________________________

Signature: ________________________________________________

Relationship to Applicant: ________________________________

Your Title: ______________________________________________

Your Address: ____________________________________________

Your Telephone Number: _________________________________

Your E-mail Address: _____________________________________