

**MASTER'S OF READING PROGRAM  
SHIPPENSBURG UNIVERSITY**

**Recommendation Form**

Full 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  
OR  
\_\_\_\_\_ I **WAIVE** my right to review this letter

Signature: \_\_\_\_\_

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The person listed above has applied for consideration as a degree candidate in our Reading 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

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1. How long and in what capacity have you known the applicant:



7. Are there any other factors that would help the Committee assess the candidate's ability to work with individuals who are experiencing difficulty in literacy development?

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Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_