

**SPECIAL EDUCATION 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

OR

_____ I **WAIVE** my right to review this letter

Signature: _____

The person listed above has applied for consideration as a degree candidate in our Special Education 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
OM 105
Shippensburg University
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?

