

**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: _____

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

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?

Print your name: _____

Signature: _____

Relationship to Applicant: _____

Your Title: _____

Your Address: _____

Your Telephone Number: _____

Your E-mail Address: _____