



Gonzaga University MA/TESL & Peace Corps MI CONFIDENTIAL RECOMMENDATION

502 E. Boone, AD 88

Spokane, WA 99258

Phone: (509) 313-5560

Fax: (509) 313-5814

Part 1 (To be completed by applicant)

Name of Applicant: _____
Last First Middle

SS# or SIN#: _____

I understand that Federal Law, through the Family Education Rights and Privacy Act of 1974, provides me with the right to access to this recommendation and that no school may require me to waive that right.

I hereby: Waive Do not waive my right to access this recommendation.

Signature: _____ Date: _____

Part 2 (To be completed by the person acting as a reference for the applicant)

In order to help evaluate this applicant's qualifications for graduate study, your opinion is requested. Please print neatly or type and submit it directly to the address located on the back of this form.

1. How long (in years) and under what circumstances have you known the applicant?

2. Give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other individuals whom you have known in similar circumstances.

	Top 5%	Top 15%	Top 30%	Top 50%	Lower 50%	Insufficient Knowledge
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative Working Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Working Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please attach a letter elaborating upon the ratings you have made and offer any additional information that will be helpful to us in considering this applicant for admission to the MA/TESL program. In commenting on the applicant's strengths and limitations, include specific information/examples that will help this candidate's application stand out from the rest.

4. Please indicate your overall endorsement of the applicant:

- I strongly recommend the candidate for admission
- I recommend the candidate for admission
- I recommend the candidate for admission with some reservation
- I do not recommend the candidate for admission

Your name: _____

Title or Position: _____

Organization: _____

Address: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

Please submit recommendation to:

Gonzaga University
Attn: MA/TESL & PCMI
502 E. Boone, AD 88
Spokane, WA 99258
USA