
LETTER OF RECOMMENDATION

PLEASE PRINT OR TYPE

Lehigh University
College of Education
Admission Coordinator
Iacocca Hall, A 325
111 Research Drive
Bethlehem, PA 18015-4794

TO THE APPLICANT: Address the envelopes with the above address. Be sure to give both the form and the addressed envelope to each recommender.

Name _____
Last (Family) _____ First _____ Middle _____

Email _____

Mailing Address Number and Street _____ Telephone _____

City _____ State _____ Zip Code _____ Country _____

Graduate Program of Study _____ Degree Sought _____

WAIVER: Under present federal law, an enrolled or former student has, with certain exceptions, access to all educational records in his or her permanent file. The Admissions Committee has decided to give the applicant the choice of waiving this right. If you wish to waive the right to examine this evaluation at a later date, please sign below, it will then be taken in confidence. If left unsigned, you will have access to this evaluation upon enrollment. In no way will this decision affect consideration of your application.

Signature of Applicant _____ Date _____

TO THE RECOMMENDER:

The person whose name appears above is applying for admission to the College of Education at Lehigh University. This form is provided for your convenience. Please complete it and return directly to the student as soon as possible. The student's application cannot be reviewed until your completed recommendation form has been received. This evaluation can be withheld from the student only if the student has signed the above waiver statement. If your policy requires, you may mail your letter of recommendation directly to Lehigh University.

TO BE COMPLETED BY THE RECOMMENDER: (Please print or type)

Name of person who is recommending student _____

Position/Title _____

Organization _____

Address _____

Phone _____ Email _____

How long have you known the applicant? _____ Years _____ Months

Under what circumstances have you known the applicant? _____

Relate any experiences that indicate the applicant's level of creativity, motivation and initiative.

NAME OF APPLICANT _____

Please rate the applicant by placing an "X" in the appropriate categories below.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 35%)	Fair (Top 50%)	Weak (Lower 50%)	Unable to Judge
Intellectual Ability						
Breadth of Knowledge						
Quantitative Ability						
Maturity Level						
Interpersonal Skills						
Oral Skills						
Writing Ability						
Organizational Ability						

Overall evaluation of student's ability to handle a graduate program:

_____ Recommended without reservation.

_____ Recommended with reservation.

_____ Not recommended. (Please state why.)

Signature _____ Date _____

Please use space provided or attach a letter for additional comments.

Please return your recommendation to the above address..