

Instructional Foundations Programs (all options)

RECOMMENDATION FOR GRADUATE SCHOOL

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The Act also provides that in the case of recommendations the institution may request, but not require, students to waive their right to read their confidential recommendations. **Please indicate below whether or not you will waive your right to read the confidential recommendation on this form and sign your name.**

I waive _____ retain _____ my right to read this confidential recommendation.

Applicant's Name _____ ID # _____

Signature _____ Date _____

Address _____ City/State _____ Zip _____

Program to which you are applying _____

To the Recommender: The applicant whose name appears on this form is applying for admission to a degree program at CSU. Please mail completed form to: The School of Graduate & Professional Studies, Chicago State University, 9501 So. King Drive, NAL, suite 234, Chicago, IL 60628.

Please provide your candid assessment of the applicant's potential as a future administrator or supervisor to each of the following items (attach additional paper, if necessary):

1. Professional relationships with colleagues and sensitivity to others

2. Ability to organize an activity or project and follow through

3. Ability to prepare reports

4. Willingness to try new ideas

5. Describe how effectively this individual would serve as an instructional leader or mentor

Name _____ Signature _____ Date _____

Institution _____ Title/Position _____



This recommendation is intended as an admission document only.