

- Master of Art in Teaching
- Master of Education

Applicant Name: _____



Recommendation Form

Please print or type all information and fill in blanks.

All completed recommendation forms must be sent to Belhaven College at the address listed in the left margin.

I. Information: To be completed by applicant

A. Name _____
Last First Middle

Mailing Address _____
Number and Street

City _____ State _____ Zip _____

Social Security # _____

B. Name of employer _____

Mailing Address _____
Number and Street

City _____ State _____ Zip _____

Telephone # _____

C. Your position at the above school or company _____

How long in this position? _____

D. Name of person giving this recommendation _____

Position or Title _____

Are you now or have you ever been supervised by this person? Yes No

In accordance with the Family Education Rights and Privacy Act of 1974, no one outside Belhaven College shall have access to nor will the Institution disclose any information from students' education records without the written consent of students except to personnel within the Institution, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students or other persons. In accordance with said Privacy Act, I waive my right to review this Recommendation Form as completed. I understand that execution of this waiver is not a condition for admission.

Signature of Applicant

Date

NOTE: This recommendation will become a part of your admissions file. It will not be disclosed to any unauthorized individual without your consent.

Recommendation Form

Continued

II. Recommendation: To be filled by reference (not a relative)

A. How long have you known the applicant? _____

B. Is the capacity personal or professional? Explain. _____

C. In your opinion, is the applicant qualified for admission to this program? Yes No
Please explain. _____

E. This program requires a variety of abilities. Please rank the following criteria for the applicant by the checking the applicable box.

	Unknown	Poor	Average	Superior
Initiative				
Speaking Ability				
Writing Ability				
Persistence				
Works Well with Others				
Emotional Maturity				

Please type or print:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Position or Title _____

Signature of Reference

Date

PLEASE RETURN COMPLETED FORM TO:

Belhaven College
Office of Graduate Admissions
Box 279
1500 Peachtree St.
Jackson, MS 39202

The Graduate Admissions Committee and the applicant appreciate the time and effort required of you to provide this information. **The applicant may not be considered for admission until this recommendation is received.**