



# Saint Mary-of-the-Woods College Office of Distance Admission

## *Accelerated Teacher Licensure Program Recommendation*

### INSTRUCTIONS FOR THE APPLICANT

Please complete the applicant information section, make three copies, sign waiver on each copy, and send to recommenders. **IMPORTANT:** Please note the waiver statement which must be signed if you have elected to maintain non-accessible (confidential) letters of recommendation.

### WAIVER OF ACCESS

The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this recommendation to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver. The lack of a signature implies that the person for whom this recommendation is being written shall have the right to read this recommendation in the Education Department Office.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please use black ink)

### APPLICANT/RECOMMENDER INFORMATION

Applicant's Name \_\_\_\_\_  
First Middle Last Married/Maiden

Address \_\_\_\_\_  
Street & Number City State Zip

Recommender's Name \_\_\_\_\_

Recommender's Address \_\_\_\_\_  
Street & Number City State Zip

### RECOMMENDATION

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Use the following scale to evaluate the applicant in each area listed below.

- |                        |                              |                                     |                                |                      |
|------------------------|------------------------------|-------------------------------------|--------------------------------|----------------------|
| 1. Below Average       | 2. Average                   | 3. Above Average                    | 4. Outstanding                 | NA-No Data Available |
| _____ Verbal Skills    | _____ Judgment               | _____ Critical Thinking Skills      | _____ Respect for Others       |                      |
| _____ Writing Skills   | _____ Responsibility         | _____ Initiative                    | _____ Interest in Young People |                      |
| _____ Listening Skills | _____ Desire to Learn        | _____ Ability to Work with Others   | _____ Potential for Teaching   |                      |
| _____ Organization     | _____ Problem Solving Skills | _____ Ability to Work Independently |                                |                      |

Please submit a written assessment of the applicant's qualifications and potential for success in the Accelerated Teacher Licensure Program. Please comment on strengths and/or areas of concern. Use reverse side as necessary. Thank you for your assistance!

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN COMPLETED  
RECOMMENDATION FORM TO:**  
Office of Distance Education • Saint Mary-of-the-Woods College  
Saint Mary-of-the-Woods, IN 47876  
  
Phone: (812) 535-5106 or (800) 926-SMWC  
Fax: (812) 535-5010 • E-mail: wedadms@smwc.edu