

## Post Baccalaureate Certificate Program in Education Recommendation Form

<u>Part I:</u> Applicant should complete the information requested in Part I and give a copy to each of the persons, who will be providing a letter of recommendation. This person may not be a member of your immediate family. The reference provider should attach their letter to this signed and dated recommendation form. Provide the reference with a stamped envelope addressed as follows:

Rosemont College
Office of Admissions
Post-Baccalaureate Certificate Program in Education
1400 Montgomery Avenue
Rosemont, PA 19010

Applicant:

Last		First		Middle Initial		
Mailing Addr	ess:					
	Street	City	State	Country	Zip Code	
Name of pers	son providing reco	ommendation:				
		_				
or perc						

preference below.	
I waive my right of access to this letter of recommendation	ı <b>.</b>
I do not waive my right of access to this letter of recommer	ndation.
Applicant's Signature	Date

The Family Educational Rights and Privacy Act of 1974 allow students to have access to their

records. The applicant may waive this right of access. The student has indicated their

<u>TO THE REFERENCE PROVIDER:</u> The Rosemont College Admissions Committee appreciates your candid evaluation of the applicant. The demanding nature of this program requires maturity, self-discipline, and intellectual capacity. Please provide specific factors that should be considered in reviewing the applicant's file.

Please mail this form and your letter of recommendation to:

Rosemont College
Office of Admissions
Post Baccalaureate Certificate Program in Education
1400 Montgomery Avenue
Rosemont, PA 19010

How long have you known the applicant?				
Please describe in what capacity you have known the applica	nt.			
Please rate the applicant:				
1=Below Average 2=Average 3=Good 4=Very Good 5=Excellent				
Ability Motivation Self-discipline Integrity				
Please list any additional information that you wish to provide to help the Admissions Committee evaluate this candidate.				
Reference Signature	_ Date			
Contact Phone Number	_ Email			