LOYOLA
UNIVERSITY MARYLAND

Graduate Programs in Education
Affiliated AMI Institutes

Recommendation Form

To the Applicant

Complete the following items then forward this form to the individual who will provide your reference.

Applicant's Name _____
LAST FIRST MIDDLE

Address _____
NUMBER AND STREET

_____
CITY AND COUNTY STATE (COUNTRY IF APPLICABLE) ZIP/POSTAL CODE

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing This Form
The person named above is applying for admission to a Graduate Program in Montessori Education at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference and any other subjective supplementary statements sent on the applicant's behalf will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admissions Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any attachments into an envelope with your letterhead**.** **Sign your name across the sealed flap** of the envelope and return it to the student or mail directly to the Office of Graduate Admission, Loyola University Maryland, 2034 Greenspring Drive, Timonium, MD 21093.

PLEASE PRINT

Reference's Name _____
DR./MR./MRS./MS.

Title/Position _____

Company/Position _____

Address _____
NUMBER AND STREET

_____
CITY AND COUNTY STATE (COUNTRY IF APPLICABLE) ZIP/POSTAL CODE

Telephone _____

E-mail Address_____

Reference

Please provide your opinion of the applicant. Describe how long and in what capacity you have known him/her. We appreciate your estimation of the applicant's aptitude for graduate study. Include remarks about scholastic achievement, character and promise of professional success. Any comments on the applicant's ability to work independently in a challenging environment or under stressful conditions would be helpful. If you have knowledge of the applicant's work with young children, please comment. You are invited to write your comments below or attach your comments to this form.

Signature _____ Date _____