LETTER OF RECOMMENDATION FORM

Please send completed form to: Dr. Andrea Somoza-Norton
School of Education, Bldg. 2, Room 110
Cal Poly State University
San Luis Obispo, CA 93407-0712

RECOMMENDATION FOR (Name of Applicant) ________________________________________

TO APPLICANT: The Family Educational and Privacy Act of 1974 provides students the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

I WAIVE MY LEGAL RIGHT TO INSPECT THIS LETTER OF RECOMMENDATION

Date: ______________ Signature: __________________

TO RECOMMENDER: This candidate has applied for admission as a graduate student in the School of Education’s Educational Leadership and Administration Program at Cal Poly, San Luis Obispo, and has given your name as a reference. We would appreciate your response to this inquiry within the next two weeks to enable us to process the application as soon as possible. Thank you.

1. Indicate in which capacity and for what period of time you have been associated with the applicant (e.g., 2003-2010).
   __ Employer or Supervisor: ____________ __ Co-worker: ______________
   __ Work assistant or subordinate: _______ __ Teacher: ______________
   __ Other (Please specify.): ________________________________

2. General Recommendation for the Educational Leadership and Administration Program:
   ___ I recommend the candidate without reservation as an excellent candidate.
   ___ I do not know the candidate well enough to recommend without reservation.
   ___ I have substantial doubts about the candidate but think that an opportunity might be given to prove qualifications.
   ___ I feel the candidate is not well suited for the program at this time.

_________________________________________ ___________________________ ____________
Signature Printed Name Date

Position ___________________________ School, Agency or Company

Phone Number ________________________ Address

On the reverse side, or on official letterhead, please provide a brief “Letter of Recommendation” describing your knowledge of the candidate’s professional experience and background, and your assessment of the candidate as a future educational administrator.