MONTESSORI INSTITUTE OF ATLANTA
Recommendation Form

I. TO THE APPLICANT

Complete the following items on this form and forward it directly to a professor or supervisor under whom you have studied or worked. To expedite the processing of your application, you may wish to provide the person writing this recommendation with a pre-addressed, stamped envelope (to yourself).

Name of Applicant: _____

Last First Maiden/Middle

Family Privacy Act – Statement of Confidentiality of Recommendation

- ❑ I desire that this recommendation be accessible to me after final admission and matriculation under provision of the Family Privacy Act.
- ❑ I desire that this recommendation be considered as confidential and herby waive my right of access to this form following final admission and matriculation.

Applicant's Signature: _____Date:_____

II. TO THE PERSON MAKING THIS RECOMMENDATION:

Please provide your opinion of the applicant. Describe how long and in what capacity you have known the applicant. We would appreciate your estimate 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 and to work under pressure would be helpful. If you have knowledge of the applicant's work with young children, please comment. You are invited to attach a separate sheet to this form.

_____

Print Name Signature School or Company

_____

Title Address

_____

Phone E-mail

RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE. WRITE YOUR SIGNATURE IN INK ACROSS THE BACK SEAL.

ERROR: undefined
OFFENDING COMMAND:

STACK: