Recommendation for Graduate Program John H. Lounsbury College of Education



Applicant: Please ty	pe or print all information r	equested in this bo	ox before submit	ting to a potential resp	ondent
Applicant's name:				GCID	
_ = =	st Fin		Middle		
Other names Under Records may be List	Which ed			Birthdate:	
Address					
Street			City	State	Zip
I have applied to			for the		
	Indicate degree and progra			Indicate term and year	
☐ I waive* my right to	review this letter of recommer	ndation 🗌 I do n	ot waive* my right	to review this letter of re	ecommendation
Signature of Applica	nt		Date		
	'amily Educational Rights and Priv student expressly waives that righ		student's right to insp	pect and review confidential	l letters
Respondent's name (pleas	e print):			Phone:	
Position/Title:		Institut	ion/Organization		
Address:					
Signature of respondent				Date	
1. I have known the applic	ant as an \Box undergraduate stu	dent □ graduate stu	dent 🗆 other		
2. I have known the applic	eant for a period of	years and/or	months.		
3. I have served as the ap	olicant's □ advisor □ teache	r □ department ch	air □ employer	□ other	

Please continue on Page 2 or the reverse side of this application

To the respondent: In the rating scales below, please describe the Educator Candidate by checking the box that most nearly represents your evaluation of the characteristics/behavior under each category.

Applicant abilities and dispositions:

I have observed this or similar characteristic(s)/behavior(s) in the applicant:

ospect.			
n	m of study: we would a	m of study: we would appreciate your e	

Please mail to:

Georgia College & State University Graduate Admissions CBX 107 Milledgeville, GA 31061