



Graduate Study Programs | Official Recommendation

To the Applicant:

Please *print or type* the following information before delivering this form to the individual who will be writing your recommendation. Each recommendation should be sealed in an envelope and sent directly by the person giving the recommendation to the specific department to which you are applying.

Name: _____
Last First Middle

Please indicate the degree and program for which you are applying:

Education M.Ed.

- Administration
- School Counseling:
- Higher Education.
- Literacy
- Global Education/TESOL
- Urban Teaching
- Urban Teaching/Teacher Certification

History M.A.

- History

Theology

- M.A. in Biblical Studies
- M.A. in Theology
- Master of Theological Studies (M.T.S.)

Mathematics M.A.

- Teaching Mathematics
- Mathematics/Teacher Certification

To be read by the Applicant and the Recommender:

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, students enrolled at Providence College have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant may request to see the letter. The alternative selected will not affect consideration of the applicant for admission.

- I have retained my right of access to this recommendation.
- I have waived my right of access to this recommendation.

Signature of Applicant: _____ Date: _____

To the Recommender:

Please comment on the following topics (in a separate letter) when discussing the applicant's potential for success at the graduate level:

- Intellectual potential
- Motivation for graduate study
- Ability in oral & written expression
- Maturity
- Ability to do independent work
- Leadership
- Interpersonal Skills
- Experience in Urban Classrooms*

** Urban Teaching Applicants Only*

Please print or type:

Name of Recommender: _____ Title: _____

Institution: _____ Department: _____

Address: _____
Street City State Zip

Telephone: () _____ E-mail: _____

Signature: _____ Date: _____

Please send this form and your recommendation letter to:

(Name of Graduate Program)
(Graduate Department address – see next column)
Providence College
One Cunningham Square
Providence, RI 02918-0001

Graduate Department addresses:

Education – Harkins 328
History – Ruane 137
Mathematics – Howley 218
Theology – Siena 202