

3201 Burton Street SE
Grand Rapids MI 49546-4450
(616) 526-6105

CALVIN

College

MASTER OF EDUCATION AND ENDORSEMENT PROGRAM RECOMMENDATION

To be completed by the Applicant:				
LAST NAME	FIRST	MIDDLE	MAIDEN	
HOME ADDRESS—STREET		CITY	STATE / PROVINCE	POSTAL CODE
According to law students have the right to have access to the information written in recommendations unless they waive such access. By signing below I waive all right of access to this document.				
Signature			Date	
To be completed by the Reference:				
Your comments will be used by the Graduate Teacher Education Office to determine whether the applicant has the ability to pursue graduate study. How long have you known the applicant and in what capacity?				
Evaluate the applicant's interest in graduate education and his or her ability to complete graduate study successfully.				
Comment on the applicant's professional qualities.				
Recommendation:	Highly Recommended	Recommended	Recommended with Reservations	Not Recommended
YOUR NAME (please print)		SIGNATURE	DATE	
AFFILIATION		POSITION / TITLE		

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