

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
<p>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.</p> <p>Signature _____ Date _____</p>				
To be completed by the Reference:				
<p>Your comments will be used by the Graduate Studies Office to determine whether the applicant has the ability to pursue graduate study. How long have you known the applicant and in what capacity?</p>				
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: <input type="checkbox"/> Highly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with Reservations <input type="checkbox"/> Not Recommended				
YOUR NAME (please print)		SIGNATURE	DATE	
AFFILIATION		POSITION / TITLE		