



**Graduate School of Education  
Master of Education Recommendation Form**

**When completed, this form should be mailed directly to:  
Willamette University, Graduate School of Education  
900 State Street, Salem, OR 97301**

**APPLICANT**

Legal Name: \_\_\_\_\_

To the applicant: The Family Education Rights and Privacy Act of 1974 entitles you to access this recommendation contingent upon matriculation, unless you waive that right. Whether you choose to do so does not affect the careful attention the recommendation will be given.

I hereby \_\_\_\_\_waive \_\_\_\_\_do not waive my right of access to this letter of recommendation

Signature of Applicant: \_\_\_\_\_

**RECOMMENDER**

The person whose name appears above is applying for admission to the Willamette University Graduate School of Education, Masters of Education Program. Your honest appraisal of the applicant's personal qualities and professional promise is requested. Please be objective, frank, and specific regarding both the strengths and the limitations of the applicant. Your careful consideration of all the items on this form will be greatly appreciated. *Please use additional paper if needed.*

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

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2. Please assess the potential of this applicant to complete an intensive academic program. \_\_\_\_\_

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