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

**EDUCATION PROGRAM RECOMMENDATION**

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| --- |
| **To be completed by the Applicant:** |
|  |
|  |
| **APPLICANT’S NAME** |
| **I am applying to the following program:**  **Teacher Certification**  **Additional Endorsement  Master of Education Degree**  According to law applicants have the right to have access to the information written in recommendations unless they waive such access. By entering my name below I waive all right of access to this document.  **Name:**       **Date:** |
| **To be completed by the Reference:** |
| **Your comments will be used by Calvin faculty and staff to determine whether the applicant has the ability to pursue additional studies. 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 successfully complete Calvin’s program.** |
|  |
| **Comment on the applicant’s professional qualities.** |
|  |
| **This applicant is:**  Highly Recommended  Recommended  Recommended with Reservations  Not Recommended |
|  |
| **YOUR NAME DATE** |
|  |
| **POSITION / TITLE EMAIL ADDRESS** |

**Return to:** [**certification@calvin.edu**](mailto:certification@calvin.edu) **or**

**Calvin University Education Department 3201 Burton Street SE Grand Rapids MI 49546**