

*Master's Bridge to Teaching (MBT)  
Transition to Teaching (T2T)  
Recommendation Form (1 of 2)*

Marian Hall #15, Marian University  
3200 Cold Spring Road, Indianapolis, IN 46222

Please have this form completed by someone who can verify your potential to work with children. This person may have a business or personal relationship with you, but should not be a member of your family.

**Section 1: To be completed by applicant**

NAME OF APPLICANT (please print):

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) gives students the right to inspect and review their educational records. Students may choose to waive their rights to inspect specific confidential forms and letters. Applicants for admission and persons who write their recommendations may wish to preserve the confidentiality of recommendation forms. Applicants who waive their right to inspect this recommendation form should sign under A below. Applicants who do NOT wish waive their right to inspect this recommendation form should sign under B below. Applicants must make their preference clear by signing one of the following statements:

A. I waive my right to examine this form.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

B. I do not waive my right to examine this form.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Section 2: To be completed by individual making recommendation**

The candidate named above is being considered for admission to the Master of Arts in Teaching program at Marian University. Please assist in the evaluation of the candidate by appraising his/her personal qualities, scholastic ability, and aptitude for teaching on the back of this page.

1. How long have you known the applicant? In what capacity?

2. What is your opinion of the applicant's interaction or work with children and/or adolescents?

3. What is your opinion of the applicant's ability to improve his/her own performance by accepting and acting upon constructive criticism from others?

4. What is your opinion of the applicant's ability to undertake and complete an intensive teacher education program that demands studying for long hours and skills in time-management, multi-tasking, and setting and managing priorities?

5. What is your opinion of the applicant's ability to work as part of a cohort, which requires a great deal of personal interaction?

6. What is your opinion of the applicant's ability to work with students who are from language and cultural backgrounds different from the applicant's own?

In consideration of the applicant's suitability for study and overall potential as a professional educator, please check ONE of the following:

- I highly recommend       I recommend       I recommend with reservation       I do not recommend

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Employment Address

**Thank you for your assistance!**

*Master's Bridge to Teaching (MBT)  
Transition to Teaching (T2T)  
Recommendation Form (2 of 2)*

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\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

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C. I waive my right to examine this form.

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date

D. I do not waive my right to examine this form.

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date

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\_\_\_\_\_ Date

\_\_\_\_\_ Name (please print) Signature

\_\_\_\_\_ Title/Position

\_\_\_\_\_ Employer Phone

\_\_\_\_\_ Employment Address \_\_\_\_\_

**Thank you for your assistance!**