

Southern New Hampshire University

Recommendation Form

Name of Applicant _____

Degree Program _____

Date _____

I hereby waive any right to examine this letter of recommendation. I realize that Southern New Hampshire University will utilize this recommendation only in conjunction with consideration of my admission to the School of Education and the award of any financial aid. I realize that a waiver of my right of access to this recommendation is not a condition of my admission or financial aid.

I agree to the above waiver

I do not agree to the above waiver

Signature of Applicant

Date

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Date

We would appreciate your opinion of the applicant's ability to undertake and succeed in a program of doctoral studies. We would also appreciate the basis of your opinion. Please indicate how long you have known the applicant and in what capacity. A careful distinction between strong and weak characteristics is more helpful than routine praise. Please address the issues of academic ability, analytical ability, written and oral communications and initiative and motivation. Please attach your response as a separate page or letter. Please sign and return this form and the letter directly to the Program Director at the address below.

Please enclose this form, along with a separate letter of recommendation. The letter of recommendation must also have your signature on it. Mail to:

Dr. Margaret Ford
Southern New Hampshire University
School of Education
2500 North River Rd.
Manchester, NH 03106-1045

Please check the category below that most accurately summarizes your recommendation:

Highly recommended recommended recommended with reservation

I do not recommend the applicant

Signature

Date

Name Printed _____

Position _____

Address _____

Phone _____



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