

To Be Completed by Applicant (Please type or print clearly):

Applicant's Name: _____ University of Iowa ID Number: _____

Program area to which you are applying: _____

Recommendation writer's name: _____

Under the Family Educational Rights and Privacy Act of 1974 ("FERPA," Public Law 93-380) students have the right to inspect their educational records. If you do not sign below, you may view this recommendation once you are admitted to the program. Your signature below waives your right to view this recommendation.

"I waive my right to view this recommendation."

Applicant signature (optional for the applicant): _____

Directions to Recommendation Writer:

The applicant named above is applying for admission to a Teacher Education Program at The University of Iowa. You are asked to rate the applicant on five traits. With respect to each trait, compare the applicant to all individuals with whom you have been associated at a similar stage in their life. Then, mark an "X" in the column which you feel best describes the applicant's status within your reference group. If you have had insufficient opportunity to form an opinion on any given trait, please place your "X" in the Insufficient Evidence column. Your candid appraisal of the applicant's characteristics is a crucial element in our decision process. Your assistance is appreciated.

	Top 5%	Next 20%	Middle 50%	Bottom 25%	Insufficient Evidence
Academic Strength					
Work Habits					
Communication Skills					
Interpersonal Skills					
Leadership Qualities					

On the back of this sheet or on an additional sheet please add any comments which you feel would enhance the above assessment of the applicant's characteristics.

The University of Iowa requests this information for the purpose of making an admission decision. No persons outside the University are routinely provided this information. Applicants are required to obtain two recommendations in order to be considered.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

Return this form one of these ways:

PDF file to stacy-erwin@uiowa.edu or regular mail to
Office of Student Services, The University of Iowa,
N310 Lindquist Center, Iowa City, IA 52242-1529

Give to applicant in a sealed envelope for them to deliver to
N310 Lindquist Center OR give sheet to student to scan as
PDF file and upload to Tk20 by Watermark online application
if providing them access to read the recommendation.

Questions: Office of Student Services, 319-335-5359

Recommender

Signature/Date: _____

Position: _____

Organization: _____

Address: _____

Email or Telephone (optional): _____