

# Recommendation for Admission

Lander University Montessori Teacher Education Program – Early Childhood

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To be completed by the applicant:

date \_\_\_\_\_ name \_\_\_\_\_

Recommendation requested of \_\_\_\_\_

name

\_\_\_\_\_

title

\_\_\_\_\_

position/organization

*To the applicant: Please submit three letters of recommendation. Please provide a copy of this form to each person you have asked to write on your behalf. Ask each person to complete this form and send it directly to the Teacher Education Center. Please indicate below whether you waive your right to review this recommendation before it is completed.*

(This form may be copied. Please submit a total of three recommendations.)

(Optional) I hereby waive my rights under the Family Education Rights and Privacy Act of 1974 to inspect this document.

date \_\_\_\_\_ name \_\_\_\_\_

## Recommendation

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. In your opinion, what is the applicant's potential for becoming a Montessori teacher? (Please use additional paper as needed.)

your name \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

signature \_\_\_\_\_ date \_\_\_\_\_

title/position \_\_\_\_\_

address \_\_\_\_\_

street city state zip

Please return the completed letter of recommendation to:

Director  
Lander University Montessori Teacher Education Program  
Lander University  
Carnell Learning Center, Room 223  
Greenwood, SC 29649