



******THREE** letters of Recommendation are required for application.
 ******We suggest that you make copies of this form and fill in the bottom BEFORE giving to your referees.********We have already entered the required Program for you.********A letter may be stapled to this form, but each referee MUST present this completed form as well.**

Reference form for graduate admission to be completed by applicant (please print) & check a proposed area of study:

Full Name: _____

Address: _____

Master of Arts English History

Master of Arts in Teaching

- Art Biology Chemistry English English as a Second Language PK-9 5-12 History Mathematics
 Middle School Mathematics Spanish Initial P-6 Spanish Initial 5-12 Spanish Professional P-6 Spanish Professional 5-12

MA/MAT English

Master of Business Administration

Master of Education

- Field-Based Master of Education** Early Childhood Education Initial PK-2 Professional PK-2
 Educational Leadership PK-6 5-9 9-12 Elementary Education Initial 1-6 Professional 1-6
 Higher Education-Student Affairs Library Media Studies (*all levels*) Middle School Initial Professional
 Physical Education (*must have initial licensure*) PK-8 5-12 Professional Studies in Technology Education (*all levels*) xXXXXX
 X - Reading (*all levels*) School Counseling PK-8 5-12 Secondary Initial Professional
 Special Education Initial PK-8 Initial 5-12 Professional PK-8 Professional 5-12

Master of Science

- Counseling & Psychological Services Criminal Justice Geo/Information Science Mathematics
 Nursing Nursing/Master of Business Administration Direct Entry/MSN

Certificate Programs

- American Studies Advanced Professional Studies in Counseling CAGS in Educational Leadership (*in cooperation with the Northeast Consortium*)
 Certificate in English as a Second Language Graduate Certificate in Financial Planning Certificate in Geo-Information Science
 Certificate in Nursing Education Licensure Only Certificate in School Counseling

Fast Track Programs

- Science Mathematics

Licensure Programs

- Elementary Initial Professional Early Childhood Initial Professional Middle School Initial Professional
 Secondary Initial Professional Special Education Initial Professional

Name of individual providing reference: _____

Position/Title: _____

SECTION 1. Disclosure Provisions **(This section MUST be completed and signed.)**
 The recommendation given below will become part of your admissions file. It will be used only for admission and will not be disclosed to any unauthorized individual without your written consent. **Once the admission decision has been made, all letters of reference will be removed from your folder and destroyed.** Please check the appropriate space below and sign the statement before forwarding this form to your referee for completion.

I have read the information above and hereby: waive do not waive my right of access to this document.

Signature: _____ **Date:** _____

To be completed by the individual providing the reference (please print):

The applicant named on the previous page has applied for admission to a graduate program at Salem State College. Under the 1974 Family Educational Rights and Privacy Act, this applicant will have access to your recommendation unless he/she has waived that right as noted on the previous page. **Once the admission decision has been made, this letter of reference will be removed from the applicant's file and destroyed.**

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please comment on your general impression of the applicant in terms of the following characteristics:

		Superior	Above Average	Average	Fair	Unable to Evaluate
RATING	Scholarship					
	Professional Attitude					
	Leadership Potential					
	Judgment					
	Self-confidence					
	Written/Oral Communication Skills					
	Attention to Detail					

Below please briefly state your opinion of the applicant's probability of success as a graduate student and as a professional pursuing a career in his or her field. Comments relating to an applicant's strengths and weaknesses are most helpful. Please feel free to attach an additional page if you require further space for your comments.

Thank you for taking the time to complete this reference.

STATEMENT

OVERALL RECOMMENDATION:

- YES, I HIGHLY RECOMMEND FOR ADMISSION
- YES, WITH RESERVATIONS

- YES, I RECOMMEND FOR ADMISSION
- NO, I DO NOT RECOMMEND FOR ADMISSION

Please mail directly to: **PRISM EDUCATIONAL CONSULTANTS, INC.**
85 Forest Drive, Bridgewater, MA 02324
ATT: DR. JOHN J. KELLEY

Name of person writing reference:	Position:	Date:
Institution:		
Address:		
Signature:	Date:	