



GRADUATE CENTER

Name: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

[] I hereby waive my right to inspect this letter both now and in the future.

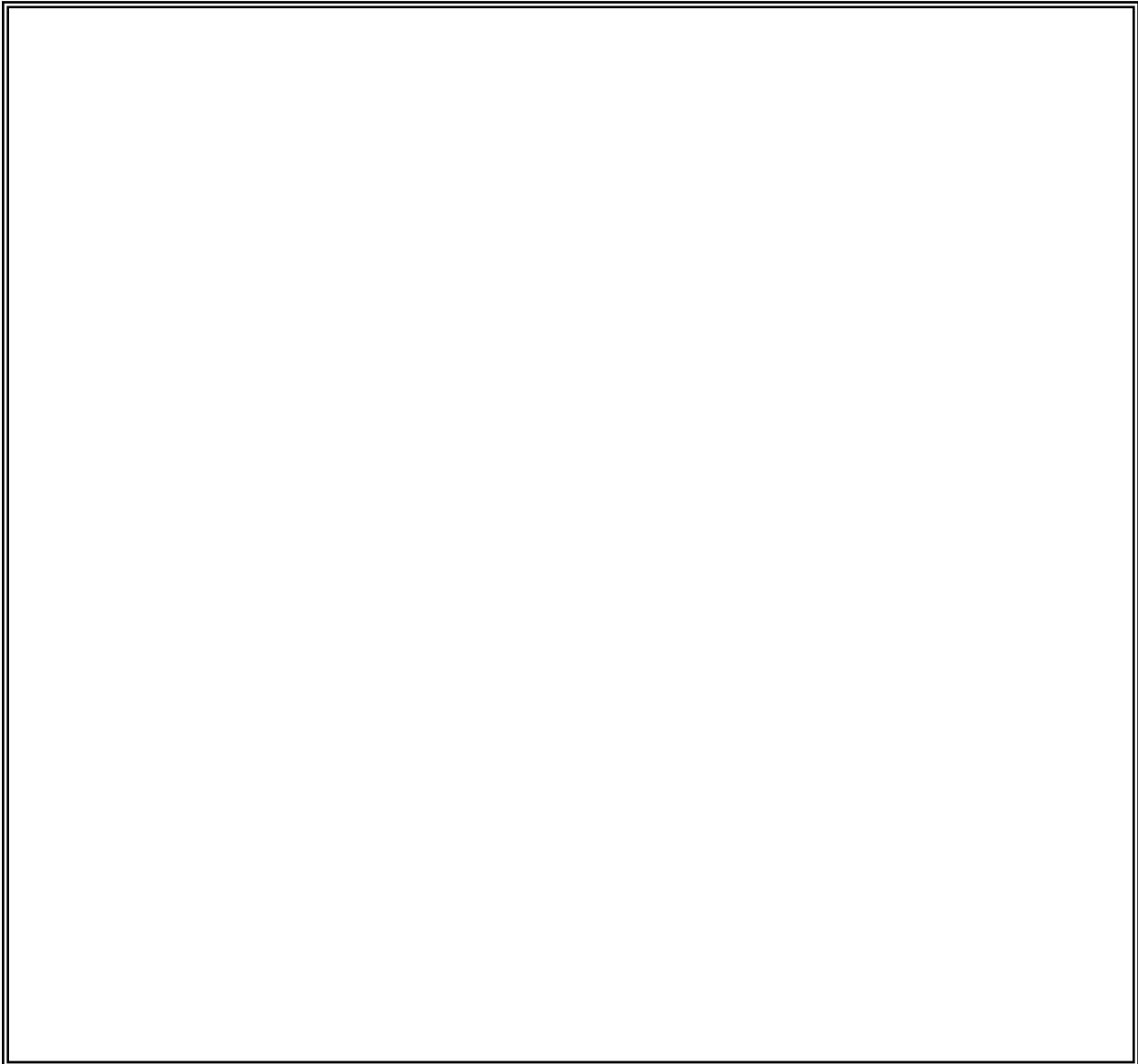
[] I do not waive my right to inspect this letter.

Applicant's Signature

The person named above is applying for admission to the **Master of Arts in Teaching program** at Hollins University and has requested a letter of recommendation from you. Please complete the rating scale below and write a summary statement about the applicant on the reverse side of the form. The form must be signed and can be scanned to the graduate office as an email attachment, faxed to the graduate office or sent by postal mail. Thank you.

	Above Average	Average	Below Average	Not Observed
Ability as a writer				
Ability as a speaker				
Ability to work with peers				
Demonstrates concern for others				
Demonstrates enthusiasm				
Approaches work creatively				
Demonstrates initiative				
Demonstrates independence				
Demonstrates potential for graduate work				

How long have you known this applicant and in what capacity? _____



Signature: _____ Print Name: _____

Position: _____ Address: _____

Phone: _____

*Please return completed form to:
Hollins University Graduate Center
Box 9603, 7916 Williamson Rd, Roanoke, Virginia 24020
(540) 362-6575 • Fax: (540) 362-6288
E-mail: hugrad@hollins.edu
Web site: www.hollins.edu*