

**SCHOOL OF EDUCATION RECOMMENDATION**

**Instructions for the applicant**—You **must** provide all information requested. Print your name and UMID or SSN as they appear on your application to ensure proper matching to your application file. The completed recommendation and any attached information (if applicable) must be sent to the Office of Undergraduate Admissions. NOTE: It is recommended that you package your letters of recommendation and mail them together. This ensures a smoother, more efficient processing of your application and its materials.

**PART 1 To be completed by the student**

Name: \_\_\_\_\_ last first middle Social Security Number: \_\_\_\_\_  
U-M ID number (if known): \_\_\_\_\_ Birth date: \_\_\_\_\_ month/day/year  
Telephone: \_\_\_\_\_ Program : \_\_\_\_\_  
Email: \_\_\_\_\_ Major (if applicable): \_\_\_\_\_  
Minor (if applicable): \_\_\_\_\_

Under the provisions of the Family Education Rights and Private Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

**I hereby waive my right** of access to the information recorded in this letter

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**I do not waive my right** of access to the information recorded in this letter

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for the recommender**—In addition to responding to the items below, please comment specifically on the applicant’s work ability, capacity to work with people, especially children, and personal characteristics. You may use the reverse side of this form for your comments or attach a letter. Several paragraphs will be more useful to the admission committee than one or two sentences. If you do not wish to use this form, please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file. Please enclose this form and any separate sheets in a sealed envelope, and write your signature over the sealed flap. You may then either return the sealed envelope to the student, or mail it to us at: Office of Undergraduate Admissions, 1220 Student Activities Building, 515 East Jefferson Street, Ann Arbor, MI 48109-1316.

**PART 2 To be completed by the recommender**

Name: \_\_\_\_\_ last first middle Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Program (if applicable): \_\_\_\_\_  
Email: \_\_\_\_\_ Institution (if applicable): \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_