

GRADUATE SCHOOL RECOMMENDATION FORM

SECTION I: To be completed by applicant

Applicant's Name: _____

Degree Intent: Master of Science in Restorative Practices

In accordance with the Family Education and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby (check one) waive my right to access retain my right to access

Applicant's Signature

SECTION II: To be completed by recommender

Please provide your candid evaluation of this applicant's ability to successfully complete this graduate program. Both your letter and this form should be emailed to studentservices@iirp.edu.

Recommender's Name: _____

Position or Title: _____

Institution: _____

Phone Number: _____

Address: _____

Email: _____

Signature

Date