LETTERS OF RECOMMENDATION

Master of Science in Gerontology California State University, Fullerton

Send to: agingstudies@fullerton.edu

Three letters of recommendation are required, preferably from former university instructors, supervisors, or colleagues in **education-related fields**. These should be submitted on the recommenders’ letterhead stationery. Letters should be sealed in an envelope with the recommender’s signature across the back flap. Letters should be mailed in the sealed envelope to the Gerontology Academic Program office.

TO THE APPLICANT:

Make three copies of this recommendation form, one for each of your recommenders. Have the recommenders return the completed form and letter to the Gerontology Academic Program office. **Please provide the Recommender with a self-addressed, stamped envelope**. Ask your Recommenders to provide this recommendation form, along with a letter, in a sealed envelope with the Recommender’s signature across the seal. It is suggested that you allow a minimum of six weeks for the Recommender to get the recommendation back to us. You must submit **both sealed and signed envelopes containing your letters of recommendation along with** your complete set of application materials by the deadline.

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Student Waiver of Right to Access to Letters of Recommendation: I do do not waive my access to this confidential recommendation and similar evaluative statements received in connection with my application to the Gerontology program at California State University, Fullerton. I understand that I am not required to waive my right to access these materials.

Signature: ……………………………………………………… Date: ……………………........... Name: ……………………………………………………………………………………………… Phone Number: ………………………………….. Email Address: ……………………………….

TO THE RECOMMENDER:

Thank you for agreeing to provide a letter of recommendation for the applicant. Please complete the following information and return this to the Gerontology Academic Program in a sealed envelope with your signature across the sealed flap.

*PART 1: The Letter of Recommendation*

ATTACH A LETTER MAKING SPECIFIC COMMENTS ABOUT THIS APPLICANT.

Please provide an accurate assessment of the applicant’s skills, strengths, and areas in need of improvement relevant to being successful in graduate school and in a career in gerontology. Your candid comments will enhance our ability to more effectively evaluate the applicant’s file and are greatly appreciated.

*PART 2: Evaluation*

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**Factor**

**Above Average**

**Average**

**Below Average**

**Unable to Rate**

Academic Potential

Written Expression of Ideas

Oral Expression of Ideas

Ability to Work with Others

Openness to Different Cultures,

Values, Beliefs, and Ways of Being

Dependability

Maturity & Judgment

Self-Motivation or Initiative

Emotional Stability

Self-Awareness

Adaptability/Resilience

Leadership Potential

Receptivity to Criticism

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Recommender’s Printed Name: …………………………………………………………………… Recommender’s Signature: ………………………………………… Date: ………………………