

## RECOMMENDATION FORM

**To the applicant:**

Please complete the following section and then forward this form to the individual who will be providing your reference. To expedite the processing of your application, you may wish to include a stamped and addressed envelope, and ask that the reference be sent directly to the school by the individual providing it.

Full Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby release the Montessori Institute of San Diego and its employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

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Signature

Date

**To the individual providing the reference:**

The person named above is applying for admission to the Montessori Institute of San Diego's teacher training program. The admissions committee finds candid evaluations helpful in choosing the most highly qualified candidates.

Please provide your opinion of the applicant. Describe how long and in what capacity you have known her or him. We appreciate your estimation of the applicant's aptitude for graduate study. Please include remarks about scholastic achievement, character and promise of professional success. Any comments on the applicant's ability to work independently in a challenging environment or under stressful conditions would be helpful. If you have knowledge of the applicant's work with young children, please comment. You are invited to attach your letter of recommendation to this form. Please print clearly if writing your recommendation by hand.

**Upon completion of this form, please place the form and your recommendation into an envelope and sign your name across the sealed flap. Please send the envelope directly to the Montessori Institute of San Diego.**

*Notice about confidentiality: Under public law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at the Montessori Institute of San Diego. To ensure confidentiality of information within the spirit of the law, the school will use this form for the purpose of admission only. Your comments are valuable. The appraisal of the applicant will greatly assist the Admissions Committee in reaching a decision in her/his best interest.*

Name of Reference: \_\_\_\_\_

Company: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Montessori Institute of San Diego

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