



GRADUATE ADMISSIONS
 1717 S. Chestnut Avenue
 Fresno, CA 93702
 559-453-3690
 GDC.Admissions@fresno.edu
 fpu.edu

TEACHER EDUCATION REFERENCE FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Name _____ Date of birth _____

Last four digits of SSN _____

Check one:

- I waive my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.
- I retain my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.

Signature of applicant _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE EVALUATOR

The person named above has applied for admission to a credential program at Fresno Pacific University. Please complete this form and return it to candidate within 14 days.

Name _____ Title _____

Signature _____ Date _____

Organization _____ Phone _____

Address _____
STREET CITY STATE ZIP

How long have you known the applicant? _____

In what relationship? _____

Please compare the applicant to other professionals in his/her field using the scale below.

	Exceptional	Above Average	Average	Below Average	No basis for judgment
Intellectual ability					
Communication skills - verbal					
Communication skills - written					
Interest and enthusiam for teaching					
Interpersonal skills					
Emotional maturity					

PLEASE CONTINUE TO THE REVERSE SIDE

