

Montessori Training Center of St. Louis Recommendation Form



1. TO THE APPLICANT:

Complete the following items on this form and forward it directly to a professor or supervisor under whom you have studied or worked. To expedite the processing of your application, you may wish to provide the recommender with a pre-addressed and stamped envelope.

Name of Applicant: _____
Last First Middle/Maiden

FAMILY PRIVACY ACT - STATEMENT OF RECOMMENDATION

I desire that this recommendation be accessible to me after final admission and matriculation under provision of the Family Privacy Act.

I desire that this recommendation be considered as confidential and hereby waive my right of access to this form following final admission and matriculation.

Application's Signature _____ Date: _____

2. TO THE PERSON MAKING THIS RECOMMENDATION:

Please provide your opinion of the applicant. Describe how long and in what capacity you have known the applicant. We would appreciate your estimation of the applicant's aptitude for graduate study. Include remarks about scholarship achievement, character, and promise of professional success. Any comments on the applicant's ability to work under stress would be helpful. If you have knowledge of the applicant's work with young children, please comment.

We request that you please attach a separate sheet to this form.

Print Name Title Signature

School or Company Name Address

Return this form to: The Montessori Training Center of St. Louis
8176 Lebanon Road
Troy, IL 62294
FAX #: (618) 667-4736