

The College of Saint Rose/CITE

Recommendation Form School Building Leader Certification Program

Section I: APPLICANT

Name of applicant: _____
Last First Middle Prior

Address: _____
Street Address City State Zip Code

Phone numbers: _____
Home Business Cell

Signature of Applicant: _____ Date: _____

I, the undersigned applicant ☐ DO ☐ DO NOT waive my right of access to inspect and review this recommendation form. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment of December 31, 1974).

Section II: RECOMMENDER

Name of Recommender: _____
Last First Middle Prior

Title/Position: _____ Organization/Employer: _____

Address: _____
Street Address City State Zip Code

Phone numbers: _____
Home Business Cell

Signature of Recommender: _____ Date: _____

Instructions for the Recommender:

Applicants to the School Building Leader Certification Program at The College of Saint Rose must provide two letters of recommendation. At least one letter must come from a school administrator who knows the applicant's work as an educator in a school setting and has supervisory or organizational responsibility for the applicant. Applicants should not seek letters of support from subordinates or from other applicants to the program.

In your letter, please address the following points:

1. Your professional relationship to the applicant
2. Your perspective on the applicant's performance in current and/or previous positions in an educational setting
3. Your assessment of the applicant's academic ability to succeed in an advanced graduate program
4. Your assessment of the applicant's potential as a school leader

Please submit the letter in typed (not hand-written) form on letterhead if possible. Enclose the letter in a sealed envelope and sign across the seal. Letters may be given to applicants for inclusion with their materials or sent directly to The College of Saint Rose.

Thank you for your contribution to the graduate application process at The College of Saint Rose.

Office of Graduate
Admissions and
Continuing Education
432 Western Avenue
Albany, NY 12203

Phone: 518-454-5143
Fax: 518-458-5479
E-mail:
grad@strose.edu