

Letter of Recommendation

A. To be Completed by Applicant

Name: _____
Last First Middle

Program of Study: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Intermodal Creative Arts Therapist (ICAT) | <input type="checkbox"/> Eco-Health Care Certificate |
| <input type="checkbox"/> Intermodal Creative Arts Facilitator (ICAF) | <input type="checkbox"/> Eco-Health Home Health Aide Certificate |
| | <input type="checkbox"/> Alternative & Holistic Healthcare Certificate |

B. To be Read by the Applicant and the Recommender

Under the Family Rights and Privacy Act of 1974, students enrolled at The Center for English Language Arts (CELA) have access to their admission records, including letters of recommendation. Students may waive their right to see letters of recommendation, however, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommenders understanding that the applicant, once enrolled and registered at The Center for English Language & Creative Arts (CELA), may request to see the letter. The choice to retain or to waive right of access will not affect consideration of the applicant for admission. Be advised that a letter of recommendation not accompanied by a waiver form signed by the applicant is considered accessible by the applicant, according to the Family Educational Rights and Privacy Act of 1974.

- I retain my right of access to this recommendation
- I waive my right of access to this recommendation

Applicant Signature _____ Date _____

C. To be Completed by Recommender

 Your Name

 Your Address

City State Zip

Telephone Alt. Telephone Email

CELA appreciates your recommendation for the above named applicant. The CELA recommendation is in two parts. The first part or the recommendation consists of responding to questions, some of which involve rating the applicant on a scale of 1 – 5, where 5 = "strong" and 1 = "least strong." The second part of the recommendation is the required narrative statement.

C. To be Completed by Recommender (continued)**PART I**

Please rate the applicant, to the best of your ability, in the following areas on a scale of 1 – 5, where 5 = "strong" and 1 = "least strong": (if unknown please put a "U" in the box)

Intellectual capability

Imagination or creativity

Ability in written expression

Motivation for proposed program of study

Ability in oral expression

Personal maturity

Initiative

Reaction to criticism

Professional effectiveness

Sensitivity to others

Leadership ability

Professional competence

Academic potential

Research skills

Interpersonal skills

Computer skills

Ability to work independently

Time management skills

C. To be Completed by Recommender (continued)

PART II

CELA requires all recommenders to write a narrative statement. Please address the following areas in your narrative:

- How long and in what capacity have you known the applicant?
- Comment on the applicant's ability to write clearly and effectively
- If English is not the applicant's native language, how would you rate his/her oral and written proficiency in English
- What strengths/weaknesses of the applicant do you feel will most affect his/her potential for success in an online program setting?
- Any additional comments you would like to make about the applicant's capacity for academic work and his/her potential for a responsible and successful career

You may attach narrative pages to this form.

Please check one of the following:

I recommend this applicant

I strongly recommend this applicant

I recommend this applicant with reservations

Recommender Signature _____ Date _____