



Graduate School Recommendation Form

SECTION I: to be completed by applicant.

Applicant's Name: _____

- Degree Intent: Master of Restorative Practices and Youth Counseling
(check one) Master of Restorative Practices and Education
 Graduate Certificate in Restorative Practices

In accordance with the Family Education Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive my right to access retain my right to access. _____
applicant's signature

SECTION II: to be completed by recommender.

Please provide your candid evaluation of this applicant's ability to complete successfully the program of graduate study indicated. Attach letter and mail in sealed envelope to IIRP Graduate School, PO Box 229, Bethlehem, PA 18016.

Recommender's name: _____ Position or title: _____
Institution: _____ Phone number: _____
Address: _____ Email: _____
Signature: _____ Date: _____