

## GRADUATE SCHOOL RECOMMENDATION FORM

### SECTION I: To be completed by applicant

Applicant's Name: \_\_\_\_\_

Degree Intent:                    Master of Science in Restorative Practices

In accordance with the Family Education 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 (check one)    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 successfully complete this graduate program. Attach your letter and mail in a sealed envelope to IIRP Graduate School, 531 Main Street, Bethlehem, PA 18018.

Recommender's Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date