

MONTESSORI INSTITUTE OF ATLANTA
Recommendation Form

I. TO THE APPLICANT

Complete the items in Section I 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 person writing this recommendation with a pre-addressed, stamped envelope to Montessori Institute of Atlanta using the address below.

Name of Applicant: _____
Last First Maiden/Middle

Family Privacy Act – Statement of Confidentiality of Recommendation (check one)

- 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.

Applicant's Signature: _____ Date: _____

II. TO THE PERSON MAKING THIS RECOMMENDATION

Please complete Section II. Provide your opinion of the applicant. Describe how long and in what capacity you have known the applicant. We would appreciate your estimate of the applicant's aptitude for graduate study. Include remarks about scholastic achievement, character, and promise of professional success. Any comments on the applicant's ability to work independently and to work under pressure would be helpful. If you have knowledge of the applicant's work with young children, please comment. You are invited to attach a separate sheet to this form.

Print Name Title

School or Company

Address

Phone Number E-mail Address

Signature: _____ Date: _____

RETURN THIS FORM & AN ACCOMPANYING LETTER OF RECOMMENDATION TO
MONTESSORI INSTITUTE OF ATLANTA
2991 N. Decatur Rd.
Decatur, GA 30033