California State University, Stanislaus
Educational Technology Program

Regarding: _________________________________

Faculty members associated with the CSU Stanislaus Educational Technology program would appreciate receiving your assessment of the student named above for his/her suitability and general ability to pursue a graduate program in Educational Technology. Please give us your opinions about this student’s potential.

Please type your letter of reference. You may use this form or your own letterhead. Include in your statement your relationship to the candidate and the length of your acquaintance.

When completed, mail your recommendation to the Educational Technology Program Coordinator, Department of Advanced Studies in Education, California State University, Stanislaus, Turlock, CA 95382.

__________________________
Signature

__________________________
Date

__________________________
Name

__________________________
Official Position

__________________________
Organization

To be completed by the candidate before this form is given to the Recommender:
I understand this letter of evaluation is to be received and maintained in confidence by California State University, Stanislaus, for admission consideration in the Educational Technology program. I hereby waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to the right to inspect and review this statement; the right to have a copy of this statement made for my use; the right to request an amendment to this statement.

________ I agree to waive access to this statement.

________ I do not agree to waive access to this statement.

__________________________
Signature of Applicant

__________________________
Date

This form has been modified from the School Counseling recommendation form.