

To the applicant:

Fill in your name on this form and give 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 recommender with a pre-addressed and stamped envelope.

REFERENCE REQUEST (confidential) for: _____

The applicant named above has requested admission to the Montessori Center of Minnesota and has given your name as a reference. It would be very helpful to us if you would comment on the following aspects of the applicant:

CHARACTER AND PERSONALITY:

ABILITY TO WORK WITH CHILDREN:

ABILITY TO WORK WITH ADULTS:

ACADEMIC ABILITY:

STRONG POINTS (AND WEAK ONES, IF ANY):

AREAS OF CONCERN OF WHICH WE SHOULD BE AWARE:

OTHER COMMENTS:

Signature: _____

Print name: _____

Relationship to applicant: _____

Length of time known: _____

I give permission for applicant to see this completed form
(if requested): Yes _____ No _____

Please send to: Montessori Center of Minnesota, 1611 Ames Avenue, Saint Paul, MN 55106
651-298-1120, mtcm@mtcm.org