CAL STATE EAST BAY
CREDENTIAL STUDENT SERVICE CENTER

LETTER OF RECOMMENDATION FORM

Applicants: Please send this form/link to two people who can recommend you for the program. Request they email the saved form back for your Department Application. Examples of acceptable recommenders are teachers, principals, employers, etc. who have observed you working with groups of school age students for the credential you are seeking. Family members are not acceptable. One recommendation can be from an academic advisor or professor.

Applicant first and last name_____
Credential Program: ☐ Multiple Subject ☐ Single Subject

Recommender Name_____Position/Title_____Work place_____

Work Email_____ Phone contact information_____

Recommenders are asked to consider the applicant's potential as a teacher. We appreciate you answering the questions noting in particular examples that illustrate the applicant's maturity, initiative, and intellectual capacity. Please complete, sign and submit saved form back to applicant's email for their application. You are welcome to write a letter on professional letterhead as an alternative or with this form addressing the posed questions.
If you choose to submit a confidential recommendation, submit this form to csscdocuments@csueastbay.edu, and then notify the applicant by email that you are sending the form directly to the Credential Student Service Center.

1. Have you observed the applicant working with students? ◯ Yes ◯ No. If yes, what was approximate age/grade level of students? From: _____years old to _____ years/grade levels_____.

2. How long and in what capacity have you known the applicant? What characteristics and qualities does this applicant have and demonstrate to be a successful teacher?

3. Do you think post-baccalaureate teacher preparation is appropriate for the applicant at this time? Why or why not?

4. Recommendation for admission to the Teaching Credential program at California State University, East Bay
◯ strongly recommend ◯ recommend ◯ do not recommend

Electronic signature: _____ Date: _____

If you have questions or do not recommend this applicant, please email credentials@csueastbay.edu.

PLEASE RETURN THIS SIGNED FORM TO APPLICANT, FOR APPLICANT TO SUBMIT WITH DEPARTMENT APPLICATION