LETTER OF RECOMMENDATION
UNIVERSITY OF NEW MEXICO
SPECIAL EDUCATION DUAL LICENSE PROGRAM

TO BE COMPLETED BY APPLICANT:

Letter of support for ________________________________________________

(Applicant’s Name)

I understand that this letter is confidential and I hereby waive any and all right of access to this document granted to me by Public Law.

______________________________
Signature

TO BE COMPLETED BY REFERENCE:

This individual is applying for admission to The University of New Mexico, Special Education Dual License Program. The faculty would appreciate your candid opinion regarding the applicant’s promise as a future teacher. If the top portion is not signed by the applicant, consider this an open letter.

Please return this form to the applicant in a sealed envelope so that the applicant may include the letter in the application packet.

______________________________     ________________________________
Name                     Signature

______________________________     ________________________________
Position                   Date of Signature

______________________________
Address