Department of Special Education
Connie L. Lurie College of Education, San Jose State University
Sweeney Hall 204, One Washington Square,
San Jose, CA 95192-0078
(408) 924-3700

Recommendation Form

Candidate's Name: _____
Print Last Name First MI

The candidate named above is applying for admission to the Department of Special Education at San Jose State University.

1. Please write a letter (on School or District letterhead, if applicable) that highlights this candidate's strengths and experiences related to education and working with students with diverse learning strengths and styles.

2. Please provide the requested information about yourself below.

3. Submit your written letter of recommendation attached to this Recommendation Form.

Your recommendation letter and comments on this form will help us to better evaluate this candidate's application. We sincerely thank you for your time and cooperation.

_____
Print Your Full Name Your Signature

_____
Your Position (Job Title, Employing Agency)

_____

_____
Work Address

_____

( )
Area Code Telephone Number Email Address