



RECOMMENDATION

Providence Alliance for Catholic Teachers

Member of University Consortium for Catholic Education (UCCE)

Providence College, Harkins Hall, Room 206, 1 Cunningham Square, Providence, RI 02918

Phone: (401) 865.2657 Fax: (401) 865.1657 Email: *pact@providence.edu*

TO THE APPLICANT: Please complete the following information and submit along with a self-addressed and stamped envelope to the person from whom you are seeking a recommendation.

NAME OF APPLICANT

NAME OF RECOMMENDER

ADDRESS

ADDRESS

Please check the appropriate category:

- Campus Minister / Pastor or, if one of these is not available, another adult with recent knowledge of the applicant and who is able to comment on the applicant's character, maturity, commitment to service, and spirituality etc.
- Professor/ Faculty Member
- Residence Hall Director /Other adult able to comment ability to live in small intentional communities.
- Peer

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, students enrolled at Providence College have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant may request to see the letter. The alternative selected will not affect consideration of the applicant for admission.

- I have retained my right of access to this recommendation
- I have waived my right of access to this recommendation

Signature of Applicant

TO THE RECOMMENDER: The above-named person wishes to participate as a teacher for the Providence Alliance for Catholic Teachers. For this reason, both the Applicant and the selection committee would like to consult you on certain points listed below. Please know that no candidate will be accepted or eliminated solely on the basis of positive or negative ratings of one recommender. Others with whom the applicant has had significant interaction will also be called upon for their comments.

Please return this recommendation form to the applicant in a sealed envelope.

THIS RECOMMENDATION SHOULD BE SUBMITTED BY THE APPLICANT TOGETHER WITH OTHER APPLICATION MATERIALS.



I. PERSONAL INFORMATION:

I have known this person for ____ year(s) in the following circumstances:

II. PACT PILLARS: Based on your familiarity with the Candidate, please rate her/him on the following characteristics with **5** being the highest and **NB** meaning no basis for judgement.

A. PERSONAL AND PROFESSIONAL QUALITIES	1	2	3	4	5	NB
Responsibility	<input type="checkbox"/>					
Maturity	<input type="checkbox"/>					
Leadership	<input type="checkbox"/>					
Creativity	<input type="checkbox"/>					
Humility	<input type="checkbox"/>					
Ability to manage stress	<input type="checkbox"/>					
Work ethic	<input type="checkbox"/>					
Response to adversity	<input type="checkbox"/>					
B. ABILITY TO LIVE IN COMMUNITY						
Responsibility to others	<input type="checkbox"/>					
Likability	<input type="checkbox"/>					
Empathy	<input type="checkbox"/>					
Tolerance	<input type="checkbox"/>					
Honesty	<input type="checkbox"/>					
Flexibility	<input type="checkbox"/>					
Patience	<input type="checkbox"/>					
C. SPIRITUALITY						
Reflection of Christian Values in everyday actions	<input type="checkbox"/>					
Ability to live in a faith-based community	<input type="checkbox"/>					
Involvement in service activities	<input type="checkbox"/>					
Openness to spiritual growth	<input type="checkbox"/>					

III. GENERAL IMPRESSIONS: On a separate sheet of paper, please make a statement concerning your overall impressions of this person’s ability to assume responsibility as a teacher in a Catholic school, their maturity and ability to live in a faith-based Christian community, and their motivations for wanting to participate in the PACT program, be they practical, personal, religious, or humanitarian.

IV. OVERALL EVALUATION: Do you recommend the applicant for this program? (*check one*)

Yes No With reservations (*please specify*)

SIGNATURE _____ DATE _____

THIS RECOMMENDATION SHOULD BE SUBMITTED BY THE APPLICANT TOGETHER WITH OTHER APPLICATION MATERIALS.