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RYLV



Operation TEACH

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Name of Applicant _____

TO THE APPLICANT

Please select one professional, one academic, and one spiritual reference to complete your three separate recommendations

Name of recommender _____

Address _____

Street

City

State

Zip

Telephone _____

Email _____

Please check appropriate category:

R Professional—employer/supervisor

R Academic—professor/faculty member

R Spiritual—resident hall director/rector/youth minister/spiritual director

Your signature below waives your right to review this recommendation. e signing of this waiver is optional and the decision to sign or not sign this waiver will not be considered by the admissions committee or in any other way prejudice the outcome of your application.

Signature of applicant _____

Date _____

TO THE RECOMMENDER

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

Please return this recommendation form to the applicant in a sealed envelope and sign and date the back of the envelope. This recommendation should be submitted by the applicant together with other application materials by February 1.

Personal Information

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