

STATEMENT OF RECOMMENDATION

Teacher Intern Program
1015 Philadelphia Avenue, Chambersburg, Pa. 17201
717-262-2009 | 800-421-8402 | WWW.WILSON.EDU/TIP

SECTION I: To be completed by applicant Student's Name:	Date:
(Please Print)	Date.
"I waive my right of access to this reference form."	
Student's Signature:	
SECTION II: To be completed by reference (Please use the back of this form if additional space is needed)	
1. What abilities do you feel the candidate has for becoming a succe	essful teacher?
2. In what ways has the candidate demonstrated these abilities for b	pocoming a successful toacher?
2. III what ways has the candidate demonstrated these abilities for b	seconning a succession teacher:
3. Is there any other information you feel is important for Wilson C acceptance into the Teacher Intern Program?	follege to consider when making its decision regarding
acceptance into the reacher intern riogram.	
Signature:	Organization:
Name:	Title:
Address:	
Date: Phone Number: ()	Email:

RETURN TO: Teacher Intern Program

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