

# Letter of Recommendation

## UNIVERSITY OF NEW HAMPSHIRE AT MANCHESTER ESOL Summer Program 2007

### Part III.

1. Student's Name \_\_\_\_\_

2. Year in school or year of graduation \_\_\_\_\_

3. In what capacity do you know the student? \_\_\_\_\_

4. Please circle the words which best describe the student.

Level of spoken English:	Beginner	Intermediate	Advanced
Level of written English:	Beginner	Intermediate	Advanced
Ability to read English:	Beginner	Intermediate	Advanced
Motivation:	Satisfactory	Well Motivated	Highly Motivated
Persistence:	Satisfactory	Usually Persistent	Very Persistent

5. Recommendation:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Contact Number: \_\_\_\_\_



**All Applications for Participation, Tuition Assistance, and the Letter of Recommendation, must be received by UNH Manchester Center for Academic Enrichment by Monday, May 21, 2007.**

**This application should be used only for the Summer ESOL Program. It does not constitute an application to UNHM.**

**Deliver or mail forms to the Center for Academic Enrichment at:  
UNH Manchester, 400 Commercial Street, Manchester, NH 03101**

