



Letter of Recommendation ESOL Summer Program 2009

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:

Signature: _____ Date: _____

Contact Number: _____

All Applications for Participation and Tuition Assistance, and the Letter of Recommendation, must be received by UNH Manchester Center for Academic Enrichment by Monday, May 18, 2009.

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

Deliver or mail forms to the Center for Academic Enrichment at UNH Manchester, 400 Commercial St., Manchester, NH 03101



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