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**Center for Autism Spectrum Disorders  
Recommendation**

**AUTISM SPECTRUM DISORDERS CERTIFICATE (ASD) OR APPLIED BEHAVIOR ANALYSIS CERTIFICATE (ABA)**

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Applicant's name \_\_\_\_\_

Entry date \_\_\_\_\_

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, registered students are given the right to see all references submitted with an application for admission, unless the right to such access has been waived by the statement below. Recommendation letters received by the Admissions Office without the signature of the applicant will be considered confidential.

I hereby  Waive  Do not waive my right to see this letter of reference.

If you do not waive your right to see this letter of reference, it will be available in the Office of Admissions for three months after your matriculation.

Signature of applicant \_\_\_\_\_

**Name of Recommender (please type or print clearly)** \_\_\_\_\_

**To the Recommender:**

The above named individual is being considered for admission to Antioch University New England. Our primary purpose is to provide a personalized, high-quality education based on the integration of work and study. The programs provide graduate training in preparation for professional employment.

Please refer to the back of this form for recommendation guidelines.

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Antioch University New England seeks those who hold promise of integrated achievement involving both theory and practice. We are particularly interested in having you address the following in your letter:

1. Knowledge of the person, including how long you have known the applicant and under what circumstances
2. The applicant's academic skills, including written and oral English, analytical and critical thinking, and knowledge of her/his proposed field of study
3. Professional promise, including maturity, self-confidence, and leadership potential
4. Interpersonal style, including capacity for listening, empathy, and being a team player

Please note that we find candid assessments of both the applicant's strengths and areas for improvement to be most helpful. Please attach a letter to this form.

Please return this recommendation form with letter attached in an envelope signed across the seal. Letters may be sent to the applicant for mailing with other application materials to Antioch University New England or directly to the Office of Admissions. Thank you.

**Name of Recommender** \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

Relationship to applicant (e.g., supervisor, teacher, colleague) \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to research Antioch University New England programs at [www.antiochne.edu](http://www.antiochne.edu).

Please check appropriate box if you would also like to receive printed information about Antioch University New England.

Master's Programs

Doctoral Program in     Clinical Psychology     Environmental Studies     Marriage and Family Therapy