



MAHARISHI SCHOOL OF THE AGE OF ENLIGHTENMENT
ADMISSIONS OFFICE, 804 DR. ROBERT KEITH WALLACE DRIVE, FAIRFIELD, IOWA 52556
TEL: (641) 472-9400 FAX: (641) 472-1211

RECOMMENDATION BY A TEACHER OF THE TM® PROGRAM

Required for applicants who have already been instructed in the TM® program.

Instructions for the Applicant: Please provide the information requested below, and then give this form to a teacher of the Transcendental Meditation® program who is not a family member. If at all possible, give this form to the teacher who actually instructed you in the TM® technique. If that is not possible, give it to a teacher in your local Transcendental Meditation® Program Center *who has known you well for at least three months.*

Name of applicant _____
Social Security number _____

Telephone (____) _____

Date of instruction in the TM® technique _____

Instructor _____ Month Day Year _____

Place of instruction _____

City _____ State _____ Country _____

Anticipated enrollment date at Maharishi School _____

Grade entering _____

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. Please check the appropriate box below and sign your name.

I waive I do not waive my right of access to this letter of recommendation under the provisions of "The Family Education Rights and Privacy Act of 1974."

Parent or Guardian's signature _____

Date _____

Instructions for the Teacher of the Transcendental Meditation® Program:

This recommendation is an essential part of the Maharishi School application. Until this recommendation is received by our office, the applicant cannot be accepted. *Therefore, please respond without delay.* If the applicant has checked the "I do not waive" box above, then the applicant will have the right to review your evaluation under the Family Education Rights and Privacy Act.

Please complete the following steps:

- A. Check the applicant's practice of the TM® technique, if you have not done so within the month.
- B. Complete the questions that follow and sign this form.
- C. Have the form signed by your local TM® Program Center Chairman.

D. Return the completed form with both signatures to Maharishi School at the address above.

1. How long have you known the applicant? _____
(The recommending teacher should have known the applicant well for at least three months.)
2. What is your affiliation with the applicant? _____
3. When did you last meet with the applicant? _____
4. Date of checking applicant's meditation? _____
5. Rate the applicant on the characteristics listed below. Please consider each item separately and carefully.

Excellent Good Fair Below Average

- Regularity of practice _____
- Smoothness of meditation _____
- Clarity of understanding of the TM® program _____
- Dependability _____
- Perseverance in working towards personal goals _____
- Efficiency and productivity _____
- Sincerity in interaction with others _____
- Emotional maturity _____
- Ability to adapt to new situations _____
- Physical health _____
- Dress and appearance _____
- Personal habits and behavior _____

6. Please comment below on any ratings other than "good".

7. I strongly recommend recommend with reservations recommend

I do not recommend this applicant for acceptance to Maharishi School.

8. Further comments: _____

Two different signatures should appear below: (1) the signature of the recommending teacher of the TM® program (who should not be related to the applicant), and (2) the signature of the local TM® Program Center Chairman (who should not be related to the recommending teacher). This recommendation can be accepted only if two different signatures appear below. Thank you.

1. _____
 Name of recommending teacher (please print) Signature Date

Address: _____
 Street City State Zip

Telephone _____

2. _____
 Name of TM Program Center Chairman (please print) Signature Date

Address: _____
 Street City State Zip

Telephone _____