

PLEASE TYPE OR PRINT

#### Applicant

**INSTRUCTIONS:** Please provide all the information requested in the top section and sign the authorization. Three recommendations are required, at least one of which should be from a former professor in your graduate program or an academic who will attest to your potential to succeed in doctoral studies. Provide your recommender with a stamped envelope addressed to the Department of Teacher Education.

Name of Applicant: \_\_\_\_\_ Application Deadline: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to complete this form. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand the information provided will be used only for the purpose for which it was prepared.

Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Recommender

**INSTRUCTIONS:** Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access. Please send the completed form and attached letter to the address above. All materials must be received by the application deadline date listed above.

Name of Recommender: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long and in what capacity have you known the applicant?  
\_\_\_\_\_

2. Please rate the applicant in the following areas:

	Exceptional	Excellent	Very Good	Good	Fair	No basis for rating
Knowledge in field of interest	<input type="checkbox"/>					
Scholarly potential	<input type="checkbox"/>					
Problem solving	<input type="checkbox"/>					
Motivation and perseverance	<input type="checkbox"/>					
Ability to work with others	<input type="checkbox"/>					
Ability to work independently	<input type="checkbox"/>					
Written communication	<input type="checkbox"/>					
Oral communication	<input type="checkbox"/>					
Teaching potential	<input type="checkbox"/>					
Leadership potential	<input type="checkbox"/>					

3. Please indicate your overall recommendation for the applicant:

Highly Recommended <input type="checkbox"/>	Recommend <input type="checkbox"/>	Recommended with Reservations <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
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4. In an attached letter, provide context for the evaluations above and please comment on any noteworthy characteristics or accomplishments that distinguishes the candidate. Include your assessment of this applicant's strengths and limitations and discuss his or her ability to have an impact on the chosen field of study.

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_