



Literacy Education Department Graduate Program Recommendation Form

To the applicant: This form should be given to an individual under whom you have studied or worked and who is able to comment on your qualifications for graduate study. Please fill in the information in the first box below. Have each recommender return this form to you in a sealed envelope, signed across the seal. Include each completed form with your other application materials.

Applicant's Name _____
Last First Middle Former (if any)

Program to which you are applying (circle one): MSED_LED-B-6 MSED_LED-5-12

Under the provisions of the Family Education Rights and Privacy Act you can waive your rights to inspect this recommendation by signing the statement below.

I hereby waive my right of access to this recommendation. _____
 Date: _____

To the recommender: Please provide the information requested below. Give your candid appraisal of the applicant in terms of the qualities listed. Rate the applicant in comparison with others whom you have known in the applicant's field of study. Return this form to the applicant in a sealed envelope on which you have signed across the seal.

Recommender's Name (please print clearly): _____
Last First

Signature: _____

Address: _____

Position: _____ Organization: _____

Daytime telephone: _____ Date: _____

Relationship to applicant: _____

Please check the appropriate box for each quality listed below.

Quality	Strong	Average	Limited	Unable to Judge
Academic Performance				
Analytical Ability				
Imagination/Creativity				
Organizational Ability				
Problem Solving Ability				
Initiative				
Persistence				
Motivation for Graduate Study				
Written Communication				
Oral Communication				
Commitment to Proposed Field of Study				

Additional Comments (please feel free to use the reverse for further comments):