



# COLLEGE OF EDUCATION RECOMMENDATION FORM

## APPLICANT

Please fill in the information requested below. Forward one form to each recommender.

Under the provisions of the Family Educational Rights and Privacy Act, you have the right, if you enroll in the Spalding University School of Education, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right and sign your name.

I waive  / do not waive  any right of access that I may have to this recommendation form.

Signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

## RECOMMENDER

To the person writing this recommendation: The admissions procedure for Spalding University College of Education requires applicants to provide recommendations. This form is to be completed and placed in an envelope to the applicant who will forward it, unopened, to the College of Education, Spalding University, 851 S. Fourth Street, Louisville, KY, 40203-2188, along with the application materials.

Recommender's name \_\_\_\_\_

Title \_\_\_\_\_ Institution/Agency \_\_\_\_\_

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

1. Please rate the applicant in the areas indicated below by checking superior, excellent, good, or average, or write "unable to comment."

	Superior	Excellent	Good	Average
Native intellectual ability				
Analytical ability				
Problem-solving ability				
Ability or promise as a leader				
Quality of oral expression				
Quality of written expression				
Interpersonal skills				
Motivation and energy				
Organizational ability				
Self reflection for growth				
Creativity				
Ability to work with others				
Commitment to education				
Professional ethics				

2. How long have you known the applicant and in what capacity?

---

---

---

3. Does this applicant have the maturity, ability, and stability to work independently and with others?

---

---

---

4. What do you consider to be the applicant's strengths?

---

---

---

5. What do you consider to be the applicant's weaknesses?

---

---

---

6. Please describe some activity or program in which the applicant was involved that illustrates his or her special abilities.

---

---

---

7. Please make any additional comments. Thank you!

---

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_