College of Education

Texas Tech University

Recommendation Form

To the applicant: Complete the information requested below and give this form to the person serving as a reference along with a stamped envelope addressed to the Associate Dean of Graduate Education and Research, College of Education, Box 41071, Lubbock, TX 79409. Sign the waiver below if you want the recommender's comments to remain confidential.

Аp	oplicant's Name:							
•	Last		First		Mid	dle		
Re	commender's Name:							
	Last		First		Mid	dle		
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	I waive my rights to ever	r see uns torm a	na any suppien	пешагу	notes o	rieu	ers.	
Signature			Date					
	Annlie	ant: Do Not W	Irito Rolow Th	is I ino				
	Аррис	ant. Do Not v	The Delow 11	iis Line	:			
Edi	the recommender: The person name ucation at Texas Tech University. We duate work. Please respond on this for	e would appreciate	having your appr	aisal of th	ne applic	ant's q	ualificatio	ons for
1.	How long have you known the appl	icant?			_			
2.	How well do you know the applicar	nt? casually	fairly well	very	well			
3.	In what capacity have you known th	ne applicant?	•					
4.	Please rate the applicant on the char 3 = good, 4 = satisfactory and NA = the applicant.							
	undergraduates m	aster's level stud	ents doc	toral lev	el stude	ents		
				1 2	3	4	NA	
	 Capacity for analytical thinl 	king						
	b. Dependability							
	c. Motivation and enthusiasm							
	d. Organizational ability							
	e. Ability to work with cooper							
	f. Ability to handle stressful si	ituations effectively	ý					
	g. Possesses integrity							
	h. Written and oral communic	ation						
5.	Do you have knowledge of the applicant ever behaving in an unethical or unprofessional manner?							

6. Please write a few sentences on your estimate of the applicant's chances of successfully completing the program of study in the College of Education and your opinion of his or her likely performance as a leader in the profession once the degree is completed. Statements about the candidate's **emotional maturity and stability**, **character and integrity** and **interpersonal effectiveness** are particularly important for persons applying to our program.

7. If you alone were making the decision to accept this applicant as a graduate student, which of the following would best describe your decision?

Recruit – will be a truly outstanding student and professional

Definitely accept – will complete the degree at a superior level

Accept – will complete the degree at an adequate level

Accept – with reservations about ability or motivation

Accept – with reservations about potential as a special educator

Do not accept (please explain in #6 above)

No

Please return the completed recommendation form promptly. The application will not be reviewed until all recommendations are received.

Name:	Signature:	Date:	
Position:			
Address:			
Office Phone:	Home Phone:	Fmail:	

Thank you for your assistance.

Please return this form in the envelope provided to:
Associate Dean for Graduate Education and Research
College of Education
Box 41071
Lubbock, Texas 79409-1071