EMORY & HENRY COLLEGE

RECOMMENDATION

Five-Year & Fast Track Professional Studies Master of Education Program

APPLICANT: Fill in the section below and give this form to the individuals you have chosen to recommend you for our graduate program. Ask each individual to complete this form and mail it to us. An additional letter of recommendation may also accompany this form. Please indicate whether you will waive your legal right of access to this form and any accompanying letter.

PLEASE PRINT OR TYPE.

Title Name: Last First Middle Maiden

Mailing Address

City State Zip Country

❑ *I do* ❑ *I do not waive the right of access to this form and any accompanying letter.*

Signature _____ Date _____

REFERENCE: You have been asked to supply a recommendation to our graduate program for the individual named above. Our admission committee will review your evaluation carefully as we make our decision. Your recommendation will be treated as confidential, unless the applicant has retained his/her right of access to it (see above).

1. Please rate the applicant using the following chart. Compare the applicant to other people you know who have successfully completed graduate work.

Area of Evaluation	Outstanding	Good	Average	Poor	Unable to rate
Enthusiasm					
Ability to work well with others					
Dependability					
Promptness and thoroughness					
Initiative					
Ability to do research					
Academic promise to do graduate work					
Communication Skills (written)					
Communication Skills (oral)					

2. How long have you known the applicant?_____ In what capacity? _____

3. Please make any additional statements about the applicant that you feel are appropriate (attach a separate sheet if necessary).

Signature of reference _____ Date _____

Name of reference (please print) Position Institution/Business

Please mail to: Admissions Office, M.A. in Education Program, Emory & Henry College, PO Box 10, Emory, VA 24327. 276.944.6133

REV. PR-9-12

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