Huston-Tillotson University  
Letter of Recommendation for Graduate School Admission  
Program: Master of Education in Educational Leadership  

INSTRUCTIONS for Applicant: Please complete this section of the form, and forward to the recommender for completion, allowing time for the recommender to return it to the University Graduate School prior to the application deadline date. For the convenience of the recommender, you should include a stamped envelope.

RECOMMENDATION ON BEHALF OF

Applicant Name:___________________________________________________________________________  
Last    First    MI

Email:  ____________________________________

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT
Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at Huston Tillotson University has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this recommendation, please sign. The alternative you choose in no way affects our consideration of your application.

___ I WAIVE my right to inspect the contents of the following recommendation
___ I DO NOT WAIVE my right to inspect the contents of the following recommendation. If left unsigned, you will have access to this document upon enrollment.

____________________________________________________________  
(Signature of applicant)     (Date)

TO THE RECOMMENDER

Note: Huston Tillotson University cannot guarantee the confidentiality of your statement unless the applicant has waived her/his right to view this recommendation. (See above statement)

1. Knowledge of the Applicant
Approximately how long have you known the applicant? _____ Years

How well do you feel you know the applicant? ____Casually    ____Well     ____Very Well

What was the nature of your contact with the applicant? ________________________________

2. Relative Rating of the Applicant. Please rate the applicant in the areas indicated below.

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<th>Unacceptable</th>
<th>Needs Improvement</th>
<th>Acceptable</th>
<th>Excellent</th>
<th>Superior</th>
<th>Unable to rate</th>
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<tbody>
<tr>
<td>Knowledge in subject</td>
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<tr>
<td>Ability to grasp new concepts</td>
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<td>Originality, intellectual creativity</td>
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<td>Written expression</td>
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<td>Perseverance toward goal</td>
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<td>Ability to analyze problems and formulate solutions</td>
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<td>Ability to get along with others</td>
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</tbody>
</table>

3. Recommender Summary (choose one)

_____ Recommend enthusiastically
_____ Recommend
_____ Recommend with reservations
_____ Do not recommend

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4. To Recommender: Please enter related comments in the space provided below or, if you wish to submit a letter of recommendation on your own letterhead, please attach to this form.

Comments:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Name of recommender: _____________________________________________________

Title: _____________________________________________________

Organization: _______________________________________________

Email: _____________________________________________________

Signature ______________________________________________ Date:____________________

Please return this recommendation form in a sealed envelope to:

Ruth Kane, Ph.D., Chair and Associate Professor
Department of Educator Preparation
Huston-Tillotson University
900 Chicon Street
Austin, TX 78702