

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.

	Unacceptable	Needs Improvement	Acceptable	Excellent	Superior	Unable to rate
Knowledge in subject						
Ability to grasp new concepts						
Originality, intellectual creativity						
Written expression						
Oral expression						
Perseverance toward goal						
Ability to analyze problems and formulate solutions						
Ability to get along with others						

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