

**RECOMMENDATION FORM FOR ADMISSION  
 TO THE GRADUATE PROGRAM IN EDUCATION  
 Florida Memorial University**

NAME OF CANDIDATE: \_\_\_\_\_ DESIRED GRADUATE MAJOR: \_\_\_\_\_

This form should be given to individuals who can evaluate your abilities and qualifications through observation of your academic and/or professional skills. This individual must be able to attest to your skills relative to your success in the graduate program in education. **I hereby waive my right of access, under the Family Educational Rights and Privacy act of 1974 to this letter of evaluation respecting my application for graduate admission to Florida Memorial University.** Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**CANDIDATE MUST FILL OUT THE BLANKS ABOVE**

Remember evaluate the applicant on their ability and potential to be successful in an education graduate program related to academic scholarship, working with children, and teaching both from a professional and personal perspective . Please indicate in which capacity you will be evaluating the applicant (e.g., principal/teacher, professor/student, or colleague/peer.) Please do not use relatives and/or spouses.

Characteristics	Outstanding	Above Average	Average	Below Average	Inadequate Opportunity to Observe
1. English Skills: Oral					
2. English Skills: Written					
3. Planning and Organizing					
4. Initiative					
5. Emotional Maturity					
6. Working with others					
7. Adaptability					
8. Discipline					
9. Leadership					
10. Professionalism					
11. Productivity					
12. Sensitivity					
13. Analytical					
14. Scholarship					
15. Research					

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Institution/Organization

\_\_\_\_\_  
 Date