

Marshall University
Graduate School of Education and Professional Development
Recommendation Form for the Doctor of Education Program

Confidential

Graduate Admissions Office, Marshall University Graduate College
100 Angus E. Peyton Drive, South Charleston, WV 25303
304-746-8949 * Toll-Free 800-642-9842 ext. 68949* Fax 304-746-1942* e-mail: EdDoc@marshall.edu

PART I - TO THE APPLICANT: Print or type your name and address below and give a copy of this form to three persons (employer, supervisor, dean of department, academic advisor, or professor) who know you well enough to evaluate your qualities and abilities. Please provide these individuals with appropriately addressed, stamped envelopes.

Applicant's Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in advising and otherwise assisting you. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at MUGC, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box below:

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's signature _____ Date: _____

PART II - TO RESPONDENT: The above-named person is applying for admission to our doctoral program in education. You have been chosen by the applicant to provide an evaluation of his/her ability to succeed in the doctoral program in education at Marshall University. Please comment briefly on the applicants' strengths and/or weaknesses as indicated below. We would greatly appreciate you completing this form at your earliest convenience, because we cannot consider the person's application without it. You may be contacted by the screening committee to verify or elaborate on information submitted. Upon request, the applicant may review this form unless the above waiver has been signed. *(Please print or type.)*

Your name *Position or Title*

Company/Institution *Address*

Telephone *Date* *Signature*

1. How well do you know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualifications (i.e., intellectual ability, motivation, work habits) to do doctoral work.

3. Where would you rank this applicant with other graduate students?

() Highest 5% () Highest 10% () Upper 25% () Upper 50% () Lower 50%

4. Please give your impression of the applicant's rating in the following areas by checking the appropriate column:

	Truly Exceptional Top 2%	Excellent Top 10%	Very Good Top 25%	Good Middle 50%	Below Average Lower 25%	Unable to Judge
a. Openness to new learning on an advanced level.						
b. Ability to contribute to the knowledge base of the profession.						
c. Breadth and depth of applicant's life and or practice experiences.						
d. Potential for conceptual, analytical thinking.						
e. Ability to express ideas in writing; professional writing skills.						
f. Potential for sustaining a variety of positive interpersonal relationships.						
g. Emotional stability and personal maturity.						
h. Potential for growth in self-understanding and self-evaluation.						
i. Intellectual capacity to engage in scholarly activities, research, theory development, knowledge building for the profession, publication in the professional literature.						
j. Capacity to engage in empirical research.						

5. Summary Evaluation:

____ I **strongly recommend** this applicant for admission and feel that he or she has the capability to perform at a superior level in a doctoral program.

____ I **recommend** this applicant for admission and feel his or her performance should be comparable to that of most doctoral students.

____ I **do not recommend** this applicant for admission to the Marshall University Doctoral program in Education.

6. Additional comments:

Questions? Call 304-746-8949 or 800-642-9842 ext. 68949

Return this form directly to:

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