



# Master of Education Confidential Recommendation Form

**RECOMMENDATION FORM FOR** \_\_\_\_\_

**STUDENT ID #** \_\_\_\_\_

The applicant whose name appears above is applying for admission to the Southwestern Oklahoma State University Master of Education program. Please give a candid evaluation of the applicant's capabilities by completing this form. Your time and effort involved in preparing this recommendation are greatly appreciated. This recommendation will be held in confidence unless a letter from the applicant is attached stating s/he wishes to view it. If necessary, may we contact you to discuss the applicant?  Yes  No

	Superior	Above Average	Average	Below Average	No Information
Scholastic Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

What is the probability of the candidate's successful completion of the Master's program? Please check one.

- Unlikely
  Possible
  Very likely
  Almost Certain

GENERAL STATEMENT: Please elaborate the basis of your ratings and any additional information you consider relevant. Also please describe any reservations you have about the applicant's ability to complete a Master's degree or to become a trusted professional. (use back of sheet or a separate page if necessary)

\_\_\_\_\_  
Name and Title (please print or type)

\_\_\_\_\_  
School/Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date