



GRADUATE STUDIES RECOMMENDATION FORM

***For Graduate Programs Leading to
Initial and Advanced Teacher
Certification**

To the Applicant

Two recommendations are required with your application for admission to the College of Education Graduate School. They should not be requested from a non-academic person unless you have extensive work experience with that individual and/or you have been away from academic institutions for some time. Complete the applicant information below and deliver this form directly to the recommender, along with a stamped envelope addressed to the USA Office of Admissions.

Applicant's Information & Waiver of Right to Access

Name _____

Last _____ First _____ Middle _____

Jag ID, (if known) J00_ _____ Email _____

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of an assistantship.

I hereby waive my right to review this recommendation form and any appropriate attachments.

Signature of Applicant _____ Date _____

To the Recommender

The applicant named above is in the process of applying for admission to the College of Education Graduate School at the University of South Alabama. Please complete the following assessment and send it by mail to the USA Office of Admissions. Thank you for your candid evaluation of this individual and assisting us in making an informed decision.

Recommender's Information

Name _____

Title _____ Institution _____

Phone _____ Email _____

USA Office of Admissions
2500 Meisler Hall
390 Alumni Circle
Mobile, AL 36688-00002

*Art Ed: Alt A, M.Ed. A; Collaborative K-6: Alt A, M.Ed. A, Ed.S. AA; Collaborative 6-12: Alt A, M.Ed. A, Ed.S. AA; Early Childhood Ed: Alt A, M.Ed. A, Ed.S. AA; Ed Media: M.Ed. A; Elementary Ed: Alt A, M.Ed. A, Ed.S. AA; ESL: Alt A, M.Ed. A; Foreign Language: Alt A; Instructional Leadership: Ed.S. AA; Reading Specialist: Ed.S. AA; School Leadership: M.Ed. A; Secondary: Alt B, Alt A, M.Ed. A, Ed.S. AA



**GRADUATE STUDIES
RECOMMENDATION FORM (cont'd)**

Applicant:

For the Recommender

Knowledge of the Applicant

1. How long have you known the applicant? _____ Years _____ Months
2. How well do you know the applicant? _____ Very Well _____ Moderately _____ Minimally
3. In what capacity do you know the applicant? (Check all that apply.)
 _____ Professor/Instructor _____ Field Experience Supervisor _____ Academic Advisor
 _____ Other (If selected, please specify.) _____

Abilities & Traits

Please rate the applicant compared to his/her peers on the following abilities and traits.

	Top 5% Exceptional	Top 25% Above Avg.	Top 50% Average	Lower 50% Below Avg.	Not Observed
Academic Performance					
Aptitude for Graduate Work					
Oral Communication Skills					
Creativity and Originality					
Motivation for Graduate Study					
Demonstrated Professionalism					

Recommendation of the Applicant

_____ With Confidence _____ With Reservation _____ Do Not Recommend

Comments

In the space below, please write any comments that will assist the committee in making a judgment as to whether the applicant should be admitted to the College of Education Graduate School.

Signature of Recommender _____ Date _____