

Recommendation for Admission

ADULT & GRADUATE STUDIES

The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. These forms should be forwarded to individuals who know the applicant well enough to provide a balanced appraisal of their capabilities and of their potential for completing a graduate program successfully. Materials submitted in support of an application become the property of the College, and neither originals nor copies will be provided. **Please type or print.**

Applicant's Name:									
			PROGRAM						
		Early Childhood Education	Reading Specialist		Elementary Education				
Master of Education:		Middle School Education	Special Needs Education		Program Development (Non-Licensure Track)				
		Secondary Education	Higher Ed Administration		Early Childhood Education & Care (Non-Licensure)				
Master of Science	:	Marriage & Family Therapy	Management						
Evaluator's Name					Title/Position				
Institution/Company					Telephone Number				
Address									

To the Applicant: This recommendation will become part of your Admissions file. It will not be disclosed to an unauthorized individual without your consent. If you matriculate at Eastern Nazarene College, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the options and sign the statement below.

I have read the information above and I hereby waive do not waive my right of access to this document should I matriculate at Eastern Nazarene College.

Signature _

Date _____

To the person writing the recommendation: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless s/he has waived that right. If you choose not to use this form for your recommendation, please return the form with your letter so that the above waiver may apply to such letter.



1. In what capacity do you know the applicant?

2. How long have you known the applicant?

	Exceptional Upper 5%	Good Upper 25%	Fair Upper 50%	Doubtful Lower 25%	Poor Lower 10%	No basis for comment
ACADEMIC						
Ability to engage in independent inquiry						
Written skills (English)						
Analytical skills						
Perseverance						
RELATIONAL						
Ability to relate to others						
Ability to communicate verbally						
Ability to listen						
Ability to be supportive						
PROFESSIONAL						
Ability to plan						
Ability to apply material						
Ability to work with others						
Ability to handle criticism						
Professional ethics						

Please make any additional comments indicating your perspective on this individual's ability to succeed in the program for which they are applying.

Signature _____

Date____

The Adult & Graduate Studies Division greatly appreciates your cooperation in providing an accurate evaluation of the applicant's potential as a graduate student.