



RECOMMENDATION FORM
Department of Educational Leadership Development

ST. PETERSBURG

Candidate should complete the following information section only. This form should then be given to the recommending official with a self-addressed stamped envelope. Sealed recommendations should be submitted by the applicant with required application materials.

Full Name (LAST, FIRST, MIDDLE)			
Student ID#:		Daytime Phone Number	
Address			
Area of specialization intended		Degree Sought: (M.Ed, Other)	
I waive the right of access to this recommendation			
I do not waive the right of access to this recommendation			

To the Recommending Official: The person named above has requested that you submit a recommendation regarding his/her potential to benefit from and contribute to the M.Ed. in Educational Leadership program at the USFSP College of Education. To facilitate the application process, the office of graduate studies requests that you use this form for your recommendation statements. Space is provided for a written narrative on the reverse side of this recommendation form.

Please Rate the Candidate on the Following Scales	No Opportunity to observe	Poor	Below Average	Average	Above Average	Excellent	Truly Exceptional
		Lowest 40%		Middle 20%	Next 15%	Higher 20%	Highest 5%
Intellectual Powers							
Breadth of General Knowledge							
Teaching Ability or Potential							
Ability as a Speaker							
Ability as a Writer							
Ability to Get Along Well With Others							
Acceptance of Responsibility							
Persistence							
Independence							
Overall Potential as a Master's Candidate							
Overall Potential as an Educational Leader							

Note: The educational level of the representative group with whom the applicant is compared is: *(Please Check Only One)*
 College Seniors Master's Candidates Doctoral Candidates

From what I know, I recommend the applicant for: *(Please Check Only One)*
 Admission Admission with reservation No Admission

In my opinion, the applicant would be a graduate assistant who is: *(Please Check Only One)*
 Excellent Good Unacceptable

Recommender's initials: _____

Please use the space below for a summary statement indicating the applicant's particular strengths and weaknesses. Please indicate what capacity and for how long you have known the applicant. Please use an additional sheet if necessary.

Large empty rectangular box for writing a summary statement.

Name of Recommender		Position	
Institution		Phone E-Mail	
Signature and Date			