



Professional Recommendation Form

Master of Education: Educational Leadership

To be completed by the Applicant

I do ___ do not ___ waive my right to read this confidential recommendation.

Full Name- Last First Middle Student ID # or Social Security #

Mailing Address Email Address

Signature of Applicant Date

To be completed by the Recommender

Professional Capacity in which you know this applicant: _____

How long have you known this applicant? _____

Please rate the applicant in each of the following characteristics by circling the appropriate point on the scale shown.

	No Basis	Low	Average	High		
Motivation for graduate work	0	1	2	3	4	5
Intellectual ability	0	1	2	3	4	5
Creativity	0	1	2	3	4	5
Breadth of knowledge	0	1	2	3	4	5
Oral Communication	0	1	2	3	4	5
Written Communication	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Resourcefulness	0	1	2	3	4	5
Emotional Maturity	0	1	2	3	4	5
Cooperation	0	1	2	3	4	5
Promise as a manager/leader/teacher	0	1	2	3	4	5
Overall Recommendation	0	1	2	3	4	5

Please address these areas in detail regarding candidates for MED.EL program:

1. Please indicate the candidate's instructional experiences and his/her impact on student achievement in his/her own classroom as well as the classroom of colleagues: _____

2. Please discuss the candidate's leadership potential and how this has been demonstrated: _____

Full Name- Last	First	Middle	Telephone Number
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Mailing Address	Email Address
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Signature of Recommender	Date
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Please mail, fax Saint Leo University / Office of Graduate Admission – MC2248 / PO Box 6665 / Saint Leo, FL 33574-6665
or email to: Phone: (352) 588-7404 / Fax (352) 588-7873 / Email: grad.admissions@saintleo.edu

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