Master of Arts in Teaching - Secondary

PITTSBURG STATE UNIVERSITY COLLEGE OF EDUCATION GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name				PSU ID #			
	Last	First	Ν	liddle			
Recommender's Na							
	Last	First	Middle				
Please choose whet	Complete the information her or not you wish to w red unless you have chec	vaive your right of acc	ess to this				
I waive my	rights to see this form a	nd any supplementary	comment	s or letter	, if writte	n.	
I do <u>not</u> wai	ive my rights to see this	form and any supplen	nentary co	mments o	r letter, if	written.	
Signature	Date						
	bove is applying for adm versity. Please complete						
1. a. How long	have you known the app	blicant? Le	ss than on	e year	Ŋ	lears	
b. How do ye	ou know the applicant?						
2. Please rate the	applicant on the traits sh	nown below using the	following	rating sca	le:		
	 Candidate is above Candidate consiste Candidate inconsis Candidate does no 	ently displays the disp stently displays the di	osition. sposition.	osition.		Not Able to Judge	
Academic Ability f	for Graduate Work	1	2	3	4	C	
Communication Sk	ills	1	2	3	4		
Success in Forming	g Professional Relationsh	nips 1	2	3	4		
Motivation and Dil	igence	1	2	3	4		
•	Examination as it relates ssional Development	to 1	2	3	4		
Potential as a Pract	itioner	1	2	3	4		

3. If you alone were making the decision for admission, which of the following would it be?

Accept - The applicant should complete the master's degree and be a successful practitioner. Accept, but with reservation - Please explain including comments concerning ability, motivation, or personal characteristics to be successful as a student and/or practitioner.

Do not accept - Please explain.

4. Please provide a few comments giving your evaluation of the applicant's suitability for study with special reference to initiative, intelligence, and ability to complete tasks on time. A statement about the applicant's emotional stability, maturity, and ability to collaborate with colleagues and supervisors would be particularly important for individuals applying to our practitioner programs.

Name (Print or Type)	
Title/Position	
Signature	
Address	
Telephone	

Please complete and return	this form	promptly	via	email	to:
teachered@pittstate.edu					