

Master of Science Educational Leadership

PITTSBURG STATE UNIVERSITY
COLLEGE OF EDUCATION
GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name _____ PSU ID # _____
Last First Middle

Recommender's Name _____
Last First Middle

Semester you plan to begin graduate study: Fall Spring Summer of 20_____

To the applicant: Complete the information requested above and give to the person serving as a reference. Please choose whether or not you wish to waive your right of access to this recommendation. Your application will not be considered unless you have checked and signed this section.

I waive my rights to see this form and any supplementary note or letter, if written.

I do not waive my rights to see this form and any supplementary note or letter, if written.

Signature _____ Date _____

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The person named above is applying for admission to graduate school in the College of Education at Pittsburg State University. The college would appreciate very much having your appraisal of the applicant's qualifications for graduate work and potential for interpersonal effectiveness and later, professional practice. Thank you for your assistance and cooperation.

1. a. How long have you known the applicant? _____ Less than one year _____ Years
b. In what capacity have you known the applicant?
2. Please rate the applicant (circle the appropriate percentile) on the traits shown below with respect to others of the same academic level in equivalent graduate training programs:

Percentile
1%=Poor 99%=Outstanding Not Able To Judge

Academic Ability for Graduate Work

Communication Skills

Success in Forming Professional Relationships

Motivation and Diligence

Openness to Self-Examination as it relates to
Personal and Professional Development

Potential as a Practitioner (if applicable)

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

Seek out--will be a truly outstanding student and later professional.

Definitely accept--will complete the M.S. or Ed.S. at a superior level.

Accept--should complete the master's degree and do satisfactory work in the field.

Accept, but with reservation (please explain) concerning ability, motivation, or personal characteristics to successfully complete the degree and/or function as a practitioner.

Do not accept (please explain).

4. Please attach a letter of recommendation. In the letter, provide concrete examples that attest to the candidate's potential as an educational leader.

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Name (Print or Type)_____

Title/Position_____

Signature_____

Address_____

Telephone Office_____

Home_____

Please complete and return this form promptly to:

**Office of Teacher Education
Pittsburg State University
1701 South Broadway
Pittsburg, KS 66762-7551**