Master of Science - Reading

PITTSBURG STATE UNIVERSITY COLLEGE OF EDUCATION GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name					PSU ID#	<u> </u>	
	Last	First		Middle			
Recommender's Nam	e						
	Last	First		Mic	ldle		
To the applicant: C Please choose whether will not be considered	er or not you wish to	waive your right of	f access to t				
I waive my ri	ights to see this form	and any supplement	ntary comm	ents or lette	r, if writte	n.	
I do <u>not</u> waiv	e my rights to see thi	s form and any sup	plementary	comments of	or letter, if	written.	
Signature		Date					
The person named ab Pittsburg State Univer- cooperation.							
. a. How long have you known the applican		pplicant?	Less than one year			Years	
b. How do you	ı know the applicant?						
2. Please rate the ap	oplicant on the traits	shown below using	the following	ng rating sc	ale:		
	 Candidate is abo Candidate consis Candidate incons Candidate does r 	stently displays the sistently displays the	disposition ne disposition			Not Able to Judge	
Academic Ability fo	r Graduate Work		1 2	3	4		
Communication Skills			1 2	3	4		
Success in Forming Professional Relationships		ships	1 2	3	4		
Motivation and Diligence			1 2	3	4		
Openness to Self-Ex Personal and Profess		es to	1 2	3	4		
Potential as a Practitioner			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.
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Name (Print or Type)
Title/Position
Signature
Address
Telephone

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