



RECOMMENDATION FORM
Department of Education
ALL Programs

To be completed by the applicant.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

What Program are you applying to (check one)?

- Master of Arts in Teaching (MAT) for Initial Teaching Licensure – 2 forms required
- Post-Baccalaureate Teacher Education Program, Licensure-Only – 2 forms required
- Master of Education (M.Ed.) – 2 forms required
- Master of Science in Educational Leadership (MSEL) for Beginning TN Instructional Leadership – 3 forms required
- Licensure-Only: Beginning TN Instructional Leadership Licensure – 3 forms required

I hereby release my rights to review the contents of this recommendation form. (REQUIRED)

Signature _____ Date _____

Recommenders should be either:

1. Present or past employers or supervisors in a work setting; or
2. Present or past colleagues; or
3. University Faculty or Staff members.

Personal references (friends, family) are not appropriate. Letters without the appropriate recommendation forms cannot be used. Please remember that it is vital to have the designated persons complete recommendation forms. It is also the applicant's responsibility to follow-up with those individuals with whom forms have been left to be sure they were sent to Christian Brothers University as promised.

To be completed by the Recommender.

Recommendation for Admission

INSTRUCTIONS: The above person has applied for admission to the Graduate Education Program specified above at Christian Brothers University. Please provide the requested information to the best of your ability. Call the Department of Education if you have any questions or concerns (901-321-4350). Completed forms should be submitted to:
Christian Brothers University
Education Department
650 East Parkway South, Box 101
Memphis, TN 38104
Fax: 901-321-3299
E-mail: rranisze@cbu.edu

In what capacity have you know the applicant:

Academic; specify relationship to applicant: Professor/Teacher Student Other _____

Employment; specify relationship to applicant: Supervisor Colleague/Co-worker Other _____

Other capacity; please specify: _____

I have known the applicant for _____ years and/or _____ months.

I know the applicant: slightly well fairly well very well

Please describe why this applicant should/should not be admitted to the CBU Graduate Education Program specified above.

Persons seeking their first teaching license: Master of Arts in Teaching (MAT) or the Licensure-Only Program
For licensed teachers seeking an advanced degree: Master of Education (M.Ed.)
For licensed teachers seeking a Beginning TN Instructional Leadership license (school administration): Master of Science in Educational Leadership (MSEL) or Licensure-Only: Beginning TN Instructional Leadership Licensure

Rate the applicant by checking the appropriate blanks using the scale below:

(0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

1. **Scholarship** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

2. **Personal Character** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

3. **Communication Skills** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

4. **Emotional Stability** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

5. **Promise as a Leader** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

6. **Interpersonal Skills** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

7. **Work Ethic** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

8. **Overall Estimate** (0) No basis for judgment (1) Not proficient (2) Partially proficient (3) Proficient

Comments: _____

Do you know any reason this applicant should not be admitted to the Graduate Education Program specified above and/or work with children? (Circle one) Yes No

If "Yes," please comment:

Comments: _____

Mark one:

I recommend this person for admission to the Graduate Education Program specified above.

I recommend with reservations this person for admission to the Graduate Education Program specified above.

I do not recommend this person for admission to the Graduate Education Program specified above.

Signature of Recommender _____ Date _____

Print Name _____ Position _____

Institution or Association _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please attach any additional comments.