

Document 1.1 COLLEGE OF EDUCATION RECOMMENDATION FORM

To be completed by candidate:

Name _____ Social Security # _____

Major _____ Minor/Professional Sequence _____

As part of my application for admission to the College of Education, I am requesting that this form be completed by my instructor for _____. The instructor will then forward it to the College of Education. I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential. I know that I must meet all other criteria for admission in the manner set forth in the current catalog.

Candidate's Signature Print Name SS# Date

To be completed by faculty member:

Using the accompanying rating scale, indicate your assessment of the applicant's qualifications related to each criterion. Please use the back of this form to elaborate on any item/s designated unacceptable.

Candidate demonstrates:	Exemplary	Acceptable	Unacceptable	Does Not Apply
1. Knowledge of pedagogy (HRD: androgogy)				
2. Knowledge of content area				
3. Literacy skills that are conducive to the profession				
4. Reliability				
5. Academic honesty and integrity				
6. Adaptability and flexibility				
7. Poise and self-confidence				
8. Sensitivity to feelings and needs of diverse learners and colleagues				
9. Potential ability and enthusiasm for the profession				
10. Ability to effectively work in a professional setting				
11. Desire to seek out opportunities to develop and demonstrate professional knowledge				
12. A valuing of human diversity and respect for varied talents/perspectives				
13. A developing personal professional philosophy				
14. A valuing and promotion of lifelong learning for self and others				
15. A valuing of and effective interaction in learning communities				
16. A valuing of and engagement in critical reflective thinking				
17. A valuing of and engagement in linking theory and practice				

Additional comments:

Recommendation for admission to the College of Education: Yes ____ No ____

Faculty Signature

Date

Faculty Name (Please print)

Department

Faculty member, please return this form directly to the Office of the Dean, College of Education, CLS 4044. Thank you.