UNIVERSITY OF DENV'ER
COLLEGE OF EDUCATION

APPLICANT RECOMMENDATION FORM

APPLICANT'S NAME_____DATE_____

INTENDED AREA OF CONCENTRATION _____

TELEPHONE NUMBER OF APPLICANT_____FAX NUMBER_____E-MAIL ADDRESS_____

I have waived my right of access to the information contained in this reference which is to be placed in my College of Education Graduate Office file and I agree that it shall remain confidential.

SIGNED_____DATE_____

I do not waive my right of access to the information contained in this reference which is to be placed in my College of Education Graduate Office file.

SIGNED_____DATE_____

The above named person is an applicant to one of the College of Education's program leading to the Ph.D or Educational Specialist degrees. It would be greatly appreciated if you would take a few minutes to comment on the preparedness of this person for advanced study. Please include among your comments your insights into the applicant's qualities as listed below. You may attach additional pages as necessary.

INTELLECTUAL CAPACITY AND SCHOLARSHIP:

MOTIVATION, DRIVE AND INITIATIVE:

CHARACTER/PERSONALITY:

ABILITY IN WRITTEN EXPRESSION:

DEMONSTRATED PROFESSIONAL COMPETENCE: (if applicable)

ADDITIONAL COMMENTS:

OVERALL RECOMMENDATION: Recommend Highly_____Recommend_____

Recommend, with reservations_____Do not recommend_____

This recommendation prepared by: _____Phone_____

Institution/Organization _____Position_____

Capacity in which you have known the applicant_____

Signature_____Date_____

PLEASE RETURN FORM TO THE APPLICANT **IN A SEALED ENVELOPE.**

Revised 9/22/04