Letter of Recommendation Form for Doctorate of Education (EdD) Program

Please include this form with all Letters of Recommendation

Name of Applicant:

First

Middle Last

Intended Degree:

Degree

The following is addressed towards the applicant: *FERPA*, as amended, commonly known as the Buckley Amendment, allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to January 1, 1975. Upon its completion and submission, the University faculty will utilize this document to evaluate your qualifications to be admitted into the graduate program you have designated. Before providing this form to the individual making a recommendation, please acknowledge one of the following confidentiality statements.

I waive the right to review this document

I do not waive the right to review this document

Signature of Applicant:	Date:
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The following is addressed towards the individual making a recommendation: The above named individual requests your recommendation for admittance to the Drake University School of Education. The School of Education appreciates your cooperation in providing the following information regarding the applicant's qualifications. Upon completion, return this form and all attachments to:

Coordinator of Graduate Admission Drake University School of Education 3206 University Avenue Des Moines, Iowa 50311

> or via email jared.mccarty@drake.edu

Attached: Recommendation Form /Additional Comments

Drake University School of Education - Doctoral Graduate Admissions

Name of Applicant:

Please indicate the point at which the applicant is best described within the listed areas. Use your own student body/ employees as a reference group.

Characteristics	High	Average	Low	Cannot Judge
Work Ethic				
Scholastic Ability				
Collaborative Ability				
Problem Solving				
Oral Communication				
Written Communication				
Respectful				
Enthusiasm				
Resourceful				
Open to Feedback				
Flexible/Adaptable				
Follow Through				
Ethical Behavior				

Do you have any additional comments regarding the applicant's qualifications? If so please provide comments below or attach in a letter.

Drake University School of Education - Doctoral Graduate Admissions

Your name: (please print)

Title:	Organization:_			
Address:				
Street	City	State	ZIP	
Phone:				
Email:				
Signature:		Date:		