

The Graduate School
University of West Georgia
1601 Maple Street
Carrollton, GA 30118.

University of West Georgia

Ed.D. in School Improvement

Letter of Recommendation Form

Section 1: This section is to be completed by the applicant.

SSN or UWG ID_____/_____/_____

Name of Applicant:_____

Please Type or Print

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the individual completing this form and the Graduate School will be advised of your choice.

_____ **Confidential.** I waive my right of personal access to this reference and grant permission for this letter of recommendation to be held confidential by the University of West Georgia.

_____ **Open File.** I retain the choice of having letters of recommendation available to me.

Signature of Applicant: _____

Date: _____

Section 2: Knowledge of the Applicant.

This section is to be completed by the person making the recommendation.

You have been asked to recommend the above person for admission into the Ed.D. program in School Improvement at the University of West Georgia. We would greatly appreciate your completing this form at your earliest convenience because we cannot consider the person's application without it. Upon request, the applicant may review this form unless the above waiver has been signed.

As you complete this form, we ask that you keep the mission of the program in mind:

The mission of the Doctor of Education in School Improvement program is to develop change agents and transformational leaders, who, through collaboration with colleagues, schools, and communities, initiate sustainable systemic change in the schools they serve. The program is grounded in research knowledge and skills, technological competence, teaching and learning processes, and a commitment to diversity. Graduates will plan strategically and design, implement, and document collaboratively the impact of educational improvement programs that bring all students to high levels of academic achievement.

1. How long have you known the applicant? _____ years _____ months
2. How well do you feel you know the applicant professionally? ☐ casually ☐ well ☐ very well
3. What is the nature of your relationship with the applicant? _____
- _____
- _____
- _____

Section 3. Evaluation

Please rate the applicant in the areas below, keeping in mind the mission of the program. Please provide any additional information in the space provided.

1. The applicant shows leadership skills in his/her field.

☐ ☐ ☐ ☐ ☐
strongly agree agree disagree strongly disagree don't know

2. The applicant has demonstrated commitment to school improvement.

☐ ☐ ☐ ☐ ☐
strongly agree agree disagree strongly disagree don't know

3. The applicant communicates well orally.

☐ ☐ ☐ ☐ ☐
strongly agree agree disagree strongly disagree don't know

4. The applicant communicates well through written communication.

☐ ☐ ☐ ☐ ☐
strongly agree agree disagree strongly disagree don't know

5. The applicant demonstrates perseverance toward goals.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly agree	agree	disagree	strongly disagree	don't know

6. The applicant is knowledgeable in his/her field.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly agree	agree	disagree	strongly disagree	don't know

7. The applicant has appropriate social skills necessary to be an effective leader in an educational environment.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly agree	agree	disagree	strongly disagree	don't know

8. The applicant is able to solve difficult problems.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strongly agree	agree	disagree	strongly disagree	don't know

9. The applicant has the leadership potential to be a change agent in the schools.

☐ ☐ ☐ ☐ ☐
strongly agree agree disagree strongly disagree don't know

10. Considering the applicant's academic and/or professional record, ambition, and determination, please indicate your recommendation.

☐ ☐ ☐ ☐
strongly recommend recommend recommend with reservation do not recommend

Additional Comments:

Section 4. Information about Person Providing this Recommendation.

Please TYPE or PRINT. Thank you.

Please seal your completed recommendation form in an envelope (to be provided by the applicant) and sign the flap. Please return the envelope to the applicant who will send it to the Graduate School at the University of West Georgia as part of the application packet.

Name: _____

Title: _____ Organization: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have additional questions? ☐ Yes ☐ No

The University of West Georgia provides equal opportunity and affirmative action in education and employment for qualified persons regardless of race, color, sex, religion, national origin, or veteran status.