

COLLEGE OF EDUCATION MASTER OF SCIENCE



LETTER OF RECOMMENDATION

Please give this form to the individual from whom you have requested a recommendation. Two (2) recommendations are required for admission. Recommendation forms must be completed by individuals who are familiar with your professional ability, outside of family members and friends, that can speak to your personal character, professional experience, and leadership potential. At least one (1) recommendation must be completed by a building/district administrator or an immediate supervisor. If you are applying to the M.S. in Educational Leadership: Principal Preparation concentration, you must submit one (1) recommendation from your most current superintendent and one (1) recommendation from your most current principal. If you are applying for the M.S. in Educational Leadership: Teacher Leader concentration, you must submit one (1) recommendation from your most current principal and one (1) from another school/district supervisor.

COMPLETE FORMS SHOULD BE SENT TO: 500 Wilcox, Joliet, IL 60435 FAX (815) 740-3431

THIS PART OF THE FORM TO BE FILLED OUT BY APPLICANT

Name: _____ Social Security Number: _____

Address/City/State/Zip: _____

Telephone: home _____ work _____

cell _____ fax _____

Email: personal _____ work _____

This is an (please check one): Academic Recommendation Professional Recommendation

Degree program for which you are applying: _____

Major: Educational Leadership (P-12 Principal Endorsement)

Educational Leadership (Teacher Leader)

Reading (Reading Specialist)

Teaching and Learning:

Adult TESOL

Affective Domain of Teaching

Best Practice

ESL (English as second language)

Differentiated Instruction

Reading

Special Education

Teaching with Technology

I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Education Rights and Privacy Act. (check one) Yes No

Signature _____ Date _____

THIS PART OF THE FORM TO BE FILLED OUT BY PERSON WRITING RECOMMENDATION

Name _____

Title and place of employment _____

Address/City/State/Zip _____

Telephone: preferred _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

PROFESSIONAL QUALITIES	TOP 10%	TOP 25%	TOP 50%	BELOW 50%	UNCERTAIN
Potential for Graduate study					
Leadership Potential					
Ability to work independently					
Ability to work with others					
Ability to analyze problems and formulate solutions					
Communications skills: Oral					
Communication skills: Written					
Attitude					
Motivation					
Initiative					
Maturity					
Emotional stability					
Commitment to service					

The College of Education would appreciate any additional statements you may wish to make concerning the applicant's capacity for graduate work and potential as an instructional leader.

Signature _____ Date _____

