

University of West Georgia
Department of Educational Leadership & Professional Studies
Letter of Recommendation

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

SSN: _____/_____/_____ **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 reference 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 in the graduate program in Educational Leadership and Professional Studies 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. As it is indicated above, upon request, the applicant may review this form unless it has been marked "Confidential" and has been signed by the applicant.

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

The mission of the Department of Educational Leadership and Professional Studies is to provide quality leadership preparation and service programs at the masters and specialist levels. Through a sound knowledge-based curriculum with substantial exposure to effective school practices in educational leadership, the faculty's mission is to provide professionals, already established in leadership roles, a continual input and follow-up services designed to improve the work environment and the quality of instruction for their students. In addition, faculty teach concepts that provide theoretical and conceptual development, with emphasis on field experiences, internships, action research, and practical skills needed to successfully lead educational reform in educational settings.

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?
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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. strongly agree agree disagree strongly disagree don't know

6. The applicant is knowledgeable in his/her field. strongly agree agree disagree strongly disagree don't know

7. The applicant has appropriate social skills necessary to be an effective leader in the educational environment. strongly agree agree disagree strongly disagree don't know

8. The applicant is able to solve difficult problems. 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. Reference Information

Name of referee (Please TYPE or PRINT): _____

Title: _____ Organization: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have any questions? Yes No

**PLEASE MAIL TO:
The Graduate School
University of West Georgia
Carrollton, GA 30118.**