



WINGATE UNIVERSITY RECOMMENDATION FORM

Recommendations should be obtained from **administrative, supervising personnel, or others** capable of evaluating your professional/academic experiences and suitability for graduate studies.

To the Applicant: Please enter your personal information and program of interest. Provide each person who will make the recommendation with a copy of this form and with an envelope addressed to the Wingate School of Adult and Graduate Education. Recommenders should sign the seal of the envelope.

Applicant's Name _____
Last First Middle Telephone Number
Address City State Zip Code E-Mail Address

I authorize my recommender to provide a candid evaluation and all relevant information to Wingate University.

Signature _____ Date _____

Federal legislation guarantees enrolled students access to this recommendation; however, you may choose to waive this right. Indicate your choice below by circling.

I hereby (WAIVE / DO NOT WAIVE) my right of access to this recommendation.

Program of interest: Doctorate in Educational Administration (Ed.D.)

To the Recommender: The person whose name appears above is applying for admission to the School of Graduate and Adult Education at Wingate University. We appreciate the time and effort you are taking to provide us with this information. Please mail recommendations to:

Wingate University
School of Graduate and Adult Education
P.O. Box 3549
Matthews, N.C. 28106

How long have you known the applicant and in what capacity?

What would you list as the applicant's strongest characteristics? _____

Are there characteristics that you consider weaknesses? _____

Please comment on the applicant's commitment to quality graduate work _____

Please appraise the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students or employees in the same area.

| Characteristic | Unusually Outstanding | Superior | Good | Average | Poor | Unknown |
|-----------------------------------|-----------------------|----------|------|---------|------|---------|
| Academic Performance | | | | | | |
| Analytical Ability | | | | | | |
| Written Expression | | | | | | |
| Oral Expression | | | | | | |
| Self-Confidence | | | | | | |
| Judgment | | | | | | |
| Inquisitiveness and Independence | | | | | | |
| Dependability | | | | | | |
| Leadership Potential | | | | | | |
| Personal Integrity | | | | | | |
| Interpersonal Skills | | | | | | |
| Industry and Perseverance | | | | | | |
| Respect for Diversity | | | | | | |
| Commitment to Professional Growth | | | | | | |
| Potential for Chosen Profession | | | | | | |
| Potential as a Research Scholar | | | | | | |

Do you recommend the applicant to Wingate University?

_____ Highly Recommended
 _____ Recommended

_____ Recommended with reservation
 _____ Not Recommended

Recommender's Name: _____ Date _____
 (Print Name)

Recommender's Signature _____
 (Signature)

School or LEA _____

Position or Title _____

Address _____

Telephone Number _____

Please provide whatever additional information you feel may be helpful to the Admissions Committee on an attached sheet.