



VALPARAISO UNIVERSITY GRADUATE SCHOOL

RECOMMENDATION FORM

MASTER OF EDUCATION IN INITIAL LICENSURE

VU-LEAP: LUTHERAN EDUCATIONAL ALLIANCE WITH PAROCHIAL SCHOOLS

**VALPARAISO
UNIVERSITY**

APPLICANT:

Please complete this section and give this form to the person making the recommendation, together with a stamped, pre-addressed envelope.

Applicant's Name (print): _____

Academic Program (print): _____

Recommender's Name (print): _____

The Family Education Rights and Privacy Act (20 U.S.C. 1232g) provides you with a right of future access to this recommendation once enrolled as a student. The Act also allows you to waive the right to access, but prohibits the Graduate School from requiring you to waive this right as a condition of admission or review and evaluation of an application for admission. If you waive your right to inspect this document, have your recommender enclosed the recommendation in a business envelope, seal, and sign across the back flap before returning it to you or the Graduate School.

Please select one of the following options and sign: I hereby **waive** **do not waive** my right.

Signature _____ Date _____

TO THE PERSON COMPLETING THIS RECOMMENDATION FORM:

The above named person has applied for admission to LEAPs Program of the Graduate School at Valparaiso University. Your comments and candid evaluation will greatly assist the Graduate School in deciding the extent to which the applicant will benefit from and contribute to the Graduate School.

SEND RECOMMENDATION FORM TO:

The Graduate School, Kretzmann Hall Room 116, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

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

II. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.

| Personal/Professional | Outstanding | Above Average | Average | Below Average | Cannot Assess |
|-------------------------------|-------------|---------------|---------|---------------|---------------|
| Academic Potential | | | | | |
| Motivation for Graduate Study | | | | | |
| Independence of Thought | | | | | |
| Judgment/Maturity | | | | | |
| Creativity/Resourcefulness | | | | | |
| Character | | | | | |
| Ability to Work with Others | | | | | |
| Oral Communication | | | | | |
| Written Communication | | | | | |

| Community Responsiveness | Outstanding | Above Average | Average | Below Average | Cannot Assess |
|---|-------------|---------------|---------|---------------|---------------|
| Focus on others | | | | | |
| Ability to work with others | | | | | |
| Ability to work with children | | | | | |
| Empathy | | | | | |
| Tolerance | | | | | |
| Honesty | | | | | |
| Flexibility | | | | | |
| Ability to handle stress | | | | | |
| Ability to adjust to simple living accommodations | | | | | |

| Spirituality | Outstanding | Above Average | Average | Below Average | Cannot Assess |
|-----------------------------------|-------------|---------------|---------|---------------|---------------|
| Ability to articulate Faith | | | | | |
| Involvement in service activities | | | | | |
| Openness to spiritual growth | | | | | |

III. Additional Comments

A. The program to which the candidate is applying includes aspects of community living and spiritual development as well as academic study at the graduate level. Please indicate the candidate's strengths, areas in which he/she would benefit from improvement, and any additional information you have regarding the candidate's interest (of whatever nature) in this program. Include impressions relevant to the candidate's likelihood of contributing to and benefiting from simple community living and spiritual development. Please type these comments on a separate sheet and include with this form.

- B. I recommend this candidate highly. _____
 I recommend without reservation. _____
 I recommend with reservation. _____
 I do not recommend this candidate. _____

(Please indicate, if possible, the nature of your reservations. Use a separate sheet of paper if necessary.)

If you have questions about this form or other matters that you wish to discuss, feel free to contact the Dean of the Graduate School (219-464-5313; 800-821-7685).

Signature: _____ **Date:** _____

Title: _____ **Institution:** _____

Address: _____

_____ City State Zip

Phone: (_____) _____ (_____) _____
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IV. How long have you known the applicant and in what capacity?

V. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.

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| Academic Potential | | | | | |
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VI. Additional Comments

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