



7900 West Division Street  
River Forest, IL 60305  
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# Scholarship Leadership Service

**School of Education**  
*Preparing educators for scholarship, leadership and service*  
**RECOMMENDATION FOR ADMISSION**

**Complete Top  
Portion Before  
Mailing to  
Recommenders**

APPLICANT'S NAME \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program to which I am applying:

Degree Programs

- Master of Science in Education (Early Childhood) \_\_with Entitlement to Certification
- Master of Science in Special Education \_\_with Entitlement to Certification \_\_Gifted Focus
- Master of Arts in Education (Curriculum and Supervision)
- Master of Arts in Education (Reading Specialist)
- Master of Arts in Teaching with Entitlement to Certification
- Master of Arts in Educational Administration with Entitlement to Certification

Non-Degree Programs

- Teaching Certification for College Graduates
- Postgraduate Entitlement to Type 75 Administrative Certification

Approval:  Bilingual  English As A Second Language

Semester of Entry:  Fall  Spring  Summer I  Summer II Year \_\_\_\_\_

Date of Request \_\_\_\_\_

Waiver: I understand that, under Dominican University's policy on confidential records, I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I hereby expressly waive my right to examine or have access to this recommendation. I understand that this recommendation will be used only in connection with my application for admission to the School of Education. A list of names of persons supplying the university with confidential recommendations will be given to me at my written request. I understand that signing the waiver is not a condition of admission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*(Confidential, if signed by applicant)*

The School of Education appreciates your willingness to complete this recommendation on behalf of the applicant who has filed for admission to the School of Education.

**Please Print or Type**

Name of recommender \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_



**To Be Completed by  
the Recommender**

**Knowledge of Applicant**

How many years \_\_\_\_ or months \_\_\_\_ have you known the applicant?

Under what circumstances have you known the applicant?

**Candidate's Potential for Graduate Studies**

Using the following scale, please assess the applicant in regard to the following areas:

5=Excellent 4=Above Average 3=Average 2=Fair 1=Poor NK= No Knowledge

<b>Characteristic</b>	<b>Rating</b>
Academic potential . . . . .	_____
Ability to work independently . . . . .	_____
Ability to work with others . . . . .	_____
Leadership potential . . . . .	_____
Maturity . . . . .	_____
Oral communication skills . . . . .	_____
Written communication skills . . . . .	_____
Ability to analyze and solve problems . . . . .	_____
Social awareness and concern . . . . .	_____
Motivation for proposed program of study . . . . .	_____

What are the applicant's most outstanding talents or characteristics?

What do you perceive to be the applicant's primary weakness(es)?

What additional information would you like to share to help us know the applicant better?  
(Feel free to use a separate sheet of paper.)

*Please direct any questions or concerns to: (708) 524-6922*

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: Dominican University  
School of Education  
7900 West Division Street  
River Forest, IL 60305**

*Duplicate as needed*