



VALPARAISO UNIVERSITY GRADUATE DIVISION

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 Office of Graduate Studies 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 Office of Graduate Studies.

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 Graduate Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program.

SEND RECOMMENDATION FORM TO:

The Office of Graduate Studies, 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 Graduate Studies (219-464-5313; 800-821-7685).

Signature: _____ **Date:** _____

Title: _____ **Institution:** _____

Address: _____

_____ City _____ State _____ Zip

Phone: (_____) _____ **Work** (_____) _____ **Home**



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