7900 West Division Street
River Forest, IL 60305

Telephone: (708) 524-6921
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Email: educate@dom.edu
Web: educate.dom.edu

DOMINICAN UNIVERSITY | School of Education

RECOMMENDATION FORM

scholarship leadership service

Complete Top Portion Before Mailing to Recommenders

APPLICANT'S NAME_____
FIRST LAST MIDDLE/MAIDEN

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

☐ Master of Arts in Education (Curriculum and Supervision)

☐ Master of Arts in Education Reading Specialist Certification

☐ Master of Arts in Teaching with Entitlement to Certification

☐ Type 03 Elementary ☐ Type 09 Secondary ☐ Type 09 Secondary

☐ Master of Arts in Educational Administration with Entitlement to Certifiction

☐ Focus Program to add additional certification

Semester of Entry: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II

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.

To Be Completed by the Recommender

Please Print or Type

Name of Recommender_____

Street address_____

City_____ State_____ Zip_____

Phone ( )_____ Email_____

Position/Title_____ Employer_____

RECOMMENDATION FORM *Continued*

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

Characteristic	Rating	Characteristic	Rating
Academic potential	_____	Oral communication skills	_____
Ability to work independently	_____	Written communication skills	_____
Ability to work with others	_____	Ability to analyze and solve problems	_____
Leadership potential	_____	Social awareness and concern	_____
Maturity	_____	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.)

Recommender's signature_____ Date_____

Please return to:

Dominican University
School of Education
7900 West Division Street
River Forest, IL 60305

Please direct any questions or concerns to (708) 524-6922 or fax to (708) 524-6665