

Instructions for UT Arlington College of Education and Health Professions Recommendation Form

This checklist is intended to help you ensure that our department receives your correctly completed recommendation forms for admission. Please remember that two {2} letters of recommendation are required for admission.

1. Complete Section 1: **Applicant Information**

2. Save as a Word Document (File → Save As) using the Program ID & Name Sequence as the document title. Otherwise the admission process may be delayed.
 - ProgramID (*see list of programs below)_LastName_FirstName
 - Example: ELPS_Doe_Jane
 - (student is seeking M.Ed. in Leadership and Policy Studies)

3. Email the document to your recommender
 - a. Make sure to attach the Word Document to your email

4. Ask the recommender to:
 - a. Complete Section 2: **Applicant Evaluation**
 - b. Save the completed form (using the same document name)
 - c. Email the recommendation form according to program: berhane.doilicho@uta.edu

5. **Recommendation Forms MUST be emailed from the recommender in order to be authenticated and considered for admission.**

***Program ID list:**

ELPS – M.Ed. in Leadership and Policy Studies
EDCI – M.Ed. in Curriculum and Instruction
EDTE – M.Ed. in Teaching
MBE – M.Ed. in Mind, Brain, and Education
SPED - M.Ed. in Special Education

UT ARLINGTON – COLLEGE OF EDUCATION AND HEALTH PROFESSIONS

Recommendation Form

APPLICANT INFORMATION

Candidate's Full Legal Name:		Date of Birth:	
Program Applying for:	Certification Level or Area of Emphasis:		
Semester/Year of Entry:	Fall 20__ Spring 20__ Summer 20__ If Academic Partnerships program, intended start date: _____		
Name of Recommender:			

Applicant's Statement: Under the provision of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless she/he has waived such access.

I hereby, Waive ____ Do Not Waive ____ my right of access to any and all letters of recommendation.

Type Name Here: _____ Date: _____
 *By typing my name here I certify that I have completed the above information to the best of my knowledge.

APPLICANT EVALUATION

I would compare the applicant with other students of the same level as follows:	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Teaching Ability					
Academic Preparation					
Motivation for proposed program of study					
Research Aptitude					
Interpersonal Skills					

I have known the applicant for ____ years ____ months.

During this time, the applicant was a/an: ____ undergraduate student ____ graduate student
 ____ assistant ____ employee ____ advisee ____ other

In summary, my recommendation for this applicant is: ___ Very Strong ___ Strong ___ Average ___ Below Average

If the applicant's native language is not English, please evaluate English proficiency.

Additional Comments: (please feel free to attach a written assessment of the candidate)

Respondent Name: _____	Title: _____
Place of Employment _____	Date: _____
Email Address: _____	
*See above for correct email address to send recommendation.	