

# UT ARLINGTON - COLLEGE OF EDUCATION Graduate Online Program Recommendation Form

## APPLICANT INFORMATION

Applicant's Full Legal Name: \_\_\_\_\_

UTA ID Number: \_\_\_\_\_

Program Applying for: \_\_\_\_\_

Intended Start Date: \_\_\_\_\_ Semester:     Spring     Summer     Fall

Email Address: \_\_\_\_\_

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 rights of access to any and all letters of recommendation

Applicant's Signature Here: X \_\_\_\_\_ Date: \_\_\_\_\_

By signing (digital signing or handwritten ) my name here, I certify that I have completed the above information to the best of my knowledge.

Provide a signed copy of this recommendation form to each of your references. Instruct them to email the form to the AOP email address below.

## Recommender's EVALUATION of the Applicant

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 and Problem Solving					
Conflict Resolution					
Research Aptitude					
Interpersonal Skills					

I have know the Applicant for \_\_\_\_\_ Years    \_\_\_\_\_ Months

During this time the applicant was a/an:     Employee Under My Supervision     Coworker  
 Professional Colleague     Advisee or College Student/Intern     Other: \_\_\_\_\_

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

If Applicant's native language is not English, evaluate English proficiency.     Strong     Average     Below Average

**Additional comments: (Please feel free to attach a written assessment of the candidate)**

Recommender's Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Title/Role: \_\_\_\_\_  
 Date: \_\_\_\_\_

\*\*\* Please email the form to [CoEd.AOPprograms@uta.edu](mailto:CoEd.AOPprograms@uta.edu) \*\*\*

Recommenders Signature: \_\_\_\_\_