

Salisbury UNIVERSITY

RECOMMENDATION FORM

MASTER OF SCIENCE PROGRAM

PART A - TO BE COMPLETED BY THE APPLICANT

(Please type or print clearly)

NAME _____ ID# _____
 Last First Middle

TELEPHONE: H # (_____) _____ W # (_____) _____

PROPOSED GRADUATE PROGRAM:

Master of Science in **Mathematics Education**

Track in Program: **Middle School** **High School**

I agree that the recommendation I am requesting shall be held in confidence by officials of Salisbury University, and I hereby waive any rights I may have to examine it. Yes No

SIGNATURE _____ Date _____

PART B - TO BE COMPLETED BY THE RECOMMENDER

I. How long and in what capacity have you known the applicant?

II. Please rate the applicant's promise as a graduate student, in comparison with others of similar age and experience.

SUMMARY EVALUATION	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
Interpersonal Skills					
Maturity					
Communications skills: Oral					
Communication skills: Written					
Problem solving skills					
Motivation for graduate					

study

Research/scholarly
aptitude

Professionalism

III. We would appreciate your assessment of the applicant's potential for success in graduate study. Please include a statement of strengths and weaknesses of the candidate in the areas of scholarship and academic abilities as well as interpersonal skills and communication abilities. If additional space is needed, please feel free to use a separate sheet of paper.

IV. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

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Not recommended

Recommended with
some reservations

Recommended

Highly Recommended

Signature _____ Date _____

Please print your last name _____ Position _____

Business Name _____

Address _____

NOTE: Please place this recommendation in envelope, sign across the seal and return it to the individual requesting the recommendation.