



**Letter of Recommendation Form for
Doctor of Education (Ed.D.) in P-20 and Community Leadership Program**

To the Applicant: This form must be sent directly from the person making the recommendation to the address below. Applicants may not ask to view their recommendation forms after they are completed. Therefore, you are waving your rights to review your recommendations.

Signature of Applicant: _____ **Date:** _____

The following is addressed towards the individual making a recommendation: The above named individual requests your recommendation for admittance to Murray State University College of Education. The College of Education appreciates your cooperation in providing the following information regarding the applicant's qualifications along with a letter of reference. Please rate the applicant's professional competence in comparison with other known individuals in a similar stage in their careers. Please place an "X" in one box for each skill. Upon completion, return this form and a letter of reference to: Director of Ed.D. Program, Murray State University College of Education, 3201 Alexander Hall, Murray, KY 42071. Please call 270-809-2793 if you have any questions.

Applicant's first and last name _____ Length of time known _____

During this time, which of these following best describes your relationship with the applicant?

Colleague
 Supervisor
 University Professor
 Other _____
(please specify)

Please indicate the point at which the applicant is best described within the listed areas. Use your own student body/employees as a reference group.

Characteristics	High	Average	Low	Cannot Judge
Leadership				
Problem Solving				
Collaboration				
Teamwork Skills				
Knowledgeable				
Motivation and Initiative				
Emotional Maturity				
Drive				
Oral Communication Skills				
Written Communication Skills				
Analytical Skills				
Creativity				
Conflict Resolution				
Strategic Thinker				
Ethical				
Adaptable				
Respects Diversity				
Time Management				

Recommender's Information:

First and Last Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____