Center for Doctoral Studies in Educational Leadership – Request for Reference

This form is important in the evaluation of the applicant for admission to the Lamar University Doctoral program in Educational Leadership.

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

PLEASE FILL IN THIS FORM COMPLETELY BY TYPING OR USING A BLACK INK PEN.

Applicant completes the top section of this form.

Applicant Information:

__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Last Name First Name M.I.

Date of Birth:

__|__|-|__|__|-|__|__|__|__|

Month Day Year

OPTIONAL: I herby waive my right of access to the material recorded below.

Signature: ____ Date: ______________________

Respondent completes the bottom section of this form.

To the Respondent:
Please indicate your judgment of this applicant's qualifications and promise, the applicant's intellectual ability, the applicant's motivation and capacity for research or for acquiring professional skill, the applicant's promise for a career in productive scholarship and of his or her character, personality or leadership.

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					
Academic Preparation					
Motivation					
Maturity					
Leadership Ability					
Character					

I have known this applicant for ________ years in the capacity of ____.

In summary, my recommendation for this applicant is: ☐ very strong ☐ strong ☐ average ☐ below average ☐ recommendation with reservation (please explain below)

____

____

RESPONDENT INFORMATION (Please type or print):

______________________	______________________	______________________
Name	Place of Employment	Title
______________________	______________________	______________________
Address	City, State, Zip Code	(Area Code) Telephone
______________________	______________________	______________________
Signature	Date	E-Mail Address

Unless otherwise instructed by the Doctoral program, please mail this form to:

Center for Doctoral Studies in Educational Leadership
College of Education & Human Development
Lamar University
P.O. Box 10034
Beaumont, Texas 77710

Optional: Attach any additional comments to this form.