

RECOMMENDATION FORM FOR APPLICATIONS TO THE EDUCATIONAL LEADERSHIP DOCTORAL PROGRAM WESTERN ILLINOIS UNIVERSITY

Applicant:

NOTICE: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation written on/after January 1, 1975, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

WAIVER FORM: I, , the undersigned, hereby waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person, agency or organization to whom any credential may be addressed.
Date Student's Signature _____

To Whom It May Concern:

This person has applied for admission to the doctoral program in Educational Leadership at Western Illinois University. We would like your appraisal of the applicant's appropriateness to enter a doctoral program. Please make the following scale and also provide comment that you feel will further our understanding of this person's qualifications.

1. Emotional Self Awareness (the ability to recognize and understands one's feelings and emotions)	4. Highly Developed ☐	3. ☐	2. ☐	1. Needs Improvement ☐
2. Self-Management (the ability to complete multiple tasks in a timely manner)	☐	☐	☐	☐
3. Interpersonal Relationships (the ability to establish and maintain mutually satisfying relationships)	☐	☐	☐	☐
4. Social Awareness (the ability to sense the emotions of others)	☐	☐	☐	☐
5. Problem Solving (the ability to identify and define problems as well as to generate potential effective solutions)	☐	☐	☐	☐
6. Emotional Self Control (the ability to keep disruptive emotions and impulses under control)	☐	☐	☐	☐

7. Please provide your insights and knowledge of the applicant's academic and professional aptitude, their ability to complete advanced graduate work, and their ability to participate in research. If you have additional comments, please use an additional sheet of paper (if needed please email the document with this form).

Return form to:
Educational Leadership Program Coordinator
Horrabin Hall 115
Western Illinois University
Macomb, IL 61455
education@wiu.edu

Signature: _____
Position: _____
Address: _____

Telephone: () _ _____