

**MASTER OF EDUCATION  
RECOMMENDATION FOR GRADUATE PROGRAM**

**TO THE APPLICANT:** This form is to be completed by an individual who is able to evaluate you and/or your academic qualification for graduate study in education. To be an acceptable recommendation this form should be provided by a person who has seen you in a professional or academic setting. For the convenience of the person completing the form, please provide a stamped envelope addressed to:

Graduate Services, 3140 Waiialae Ave, Honolulu, HI 96816, Attn: Barbara Belle

Name of Applicant: \_\_\_\_\_

**1. Post-Baccalaureate Licensure (Check one)**

- Post-Baccalaureate Early Childhood (PK-3)
- Post-Baccalaureate Elementary (K-6)
- Post-Baccalaureate Secondary (7-12 Math, English, Social Studies, or Science)
- Post-Baccalaureate Special Education (K-12)

**2. Master of Education (M.Ed.) with Emphasis (Check one)**

- Child Development Emphasis
- Curriculum and Instruction Emphasis
- Educational Leadership Emphasis
- Elementary Education Emphasis (K-6)
- Montessori Emphasis
- Montessori Credential Emphasis
- Secondary Education Emphasis (7-12)
- Special Education Emphasis (K-12)

**3. Master of Education (M.Ed.) with Licensure (Check one)**

- Master of Education with PK-3 Licensure
- Master of Education with K-6 Licensure
- Master of Education with Secondary (7-12 Math, English, Social Studies, or Science) Licensure
- Master of Education with Special Education (K-12) Licensure

Date by which you want this form to reach graduate services: \_\_\_\_\_

I understand that federal legislation provides me with a right to access this recommendation and I may waive that right if I so choose. I further understand that no school or person can require that I waive this right.

**APPLICANT:** Please sign on the signature line if you wish to make this a confidential recommendation by waiving your right to access it.

**Applicant Signature:** \_\_\_\_\_

## RECOMMENDATION FOR GRADUATE PROGRAM

**TO THE RESPONDENT:** Please use this form to evaluate the applicant's personal and/or academic qualifications for graduate study in Education. Please be candid and specific.

1. **How long have you known the applicant?**
  
2. **What is the nature of your relationship with the applicant? (Teacher, Employer, etc.)**
  
3. **What specific strengths does the applicant have which you feel are strong arguments for admission to a graduate education program?**
  
4. **In comparison with other students whom you have recommended for graduate study, please rate the applicant in terms of each of the following by placing an "X" in the appropriate column.**

Category	Exceptional	Well above Average	Above Average	Average	Below Average	Not Able to Judge
Verbal expressions						
Writing Ability						
Analytical Skills						
Independent study ability						
Level of creativity						
Academic enthusiasm						
Motivation for study						
Motivation for work						
Potential for contributions to education						

5. **You may provide on a separate page any additional comments you feel are relevant to the admission decision.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Position:** \_\_\_\_\_

**We may need to contact you concerning this recommendation. Please provide point of contact information below. (i.e., email, phone, mailing address):**

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email and/or Phone** \_\_\_\_\_