



Chaminade University  
OF HONOLULU

GRADUATE SERVICES  
(808) 739-4664

**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 the following. Attach this form to a stamped envelope addressed to:  
Chaminade University, Attn: Graduate Services, 3140 Waialae Ave, Honolulu, HI 96816

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

A. **Program** (Check one)

- M.Ed. degree (*traditional in-class instruction*)                       M.Ed Online
- Initial D.O.E teaching licensure only                                       Initial License & M.Ed.

B. **If seeking an initial license, please check the area of specialization**

- Montessori/Early Childhood Education
- Elementary Education
- Elementary Summer Intensive \*
- Secondary Education (*Subject area intending to teach*) \_\_\_\_\_
- Special Education

\* This program provides a dual certification in Montessori and Elementary Education

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: \_\_\_\_\_

**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: \_\_\_\_\_  
(please print)

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 \_\_\_\_\_