



Chaminade University
OF HONOLULU
GRADUATE SERVICES
3140 Waialae Ave.
Honolulu HI 96816
(808) 739-4664 (Phone)
(808) 739-8329 (Fax)
Email: gradserv@chaminade.edu

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 complete your name, the Program name and date below. Then attach this form to a stamped envelope addressed to the Chaminade mailing address above.

Name of Applicant: _____

Program Name:

A. Master of Arts in Teaching

Elementary

Secondary (please circle the subject area intending to teach):

English, Social Studies, Math or Science

Special Education (SPED)

B. Master of Education

M.Ed. Educational Leadership (Cohorted)

M.Ed. Instructional Leadership

M.Ed. Child Development

M.Ed. Early Childhood Education with Montessori Credential

M.Ed. Montessori Emphasis

Date by which this form should reach Graduate Services office: _____

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 relationship¹ with the applicant? (Teacher, Employer, etc.)

¹ Please note: Recommendations cannot come from friends or family members.

3. What specific strengths does the applicant have which you feel are strong arguments for admission to a graduate education program?

4. 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 a separate page with any additional comments you feel are relevant to the admission decision.

Signature: _____ Date: _____

Name and Position:
(please print) _____

- I recommend this person for admission to a graduate education program
- I do not recommend this person for admission to a graduate education program

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

Address _____

City, State, Zip _____

Email and/or Phone _____

When complete please sign and return the form to:

Chaminade University Graduate Services Department 3140 Waiialae Ave. Honolulu HI 96816