

Reference Form

Educational Administration and Leadership Studies (EALS)
Masters and Specialist Programs
503 Education Building
Bowling Green State University
Bowling Green, OH 43403-0245
Office: 419-372-7377 Fax: 419-372-8448

Applicant Section:

I, _____, _____ voluntarily waive _____ decline to waive
(Applicant's Name-print or type) *(Check one)*

my right under the Family Education Rights and Privacy Act of 1974 to review or examine this recommendation form.

(Applicant's signature) *(Date)*

Choose the degree that you are seeking:

- _____ Master of Education
Educational Administration
- _____ Master of Education
Educational Administration (PCLA)
- _____ Educational Specialist
Educational Administration

Reviewer Section:

The above-named student is applying for admission into either the Masters or Specialist programs in Educational Administration at Bowling Green State University. The EALS Division is interested in your appraisal of the applicant's qualifications. In accordance with the Family Educational Rights and Privacy Act of 1974, students who are admitted may be given access to this form upon request unless they have voluntarily and explicitly waived their right to do so.

1. How long have you known the applicant?

2. How well do you know the applicant? _____ Casually _____ Fairly Well _____ Very Well

3. In what capacity have you known the applicant? _____ Student _____ Employer

_____ Other _____

↪ Please Continue on Reverse Side ↩

4. Applicant Characteristics: For each characteristic, please check the most appropriate rating:

Characteristic	Very Good	Good	Average	Below Average	Unsatisfactory	Inadequate Basis for Judgment
Intelligence						
Initiative						
Interpersonal Skills						
Oral Expression						
Written Expression						
Leadership						
Motivation						
Independence/Self Direction						
Problem Solving Skills						
Organizational Skills						
Productivity						
Integrity						
Flexibility/Adaptability						
Sensitivity to Issues of Diversity						
Creativity						
Readiness for Graduate Studies						

Comments:

If you would like to add a supplementary letter in which you explain your ratings given above or add more comments, please attach it to this form.

Reference Name _____ Title _____
(Please Print)

Institution _____

Address _____

Phone _____ Email _____

Signature _____ Date _____

Thank you for your time and completion of this reference form.
 Your cooperation is greatly appreciated.