



e Graduate School 1 South Grove St Westerville, OH 43081 614-823-3210 phone 614-823-3208 fax www.otterbein.edu/graduate

Date:

THE GRADUATE SCHOOL

MASTER OF ARTS IN EDUCATION ACADEMIC RECOMMENDATION FORM

Applicant's name: _____

waive

To the applicant: Under provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records a er you are enrolled at Otterbein University. e Act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right by circling the appropriate phrase and signing your name. Not signing will be interpreted to mean that you do not wish to waive you right of access.

do not waive any right of acce	ss that I may have to this recommendation fo	rm.
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Signature:___

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To the person giving the recommendation: e individual whose name appears above is seeking admission to the Master of Arts in Education program at Otterbein University. Please be as complete a candid as possible about the individual and his/her academic abilities in regards to his/her potential for success in graduate-level work. Return this form at your earliest convenience to the address abo Please complete both sides of this form.

e Graduate Education Faculty at Otterbein University believes that the following list of skills and dispositions are important to the success of individuals in our Master's degree programs. Please eva ate the candidate on each of the following by checking the appropriate box.

Graduate Skills & Dispositions	Outstanding (top 5%)	Good	Marginal	Unacceptable	Not Observed
Intellectual indepen- dence					
Capacity for analytical thinking					
Ability to organize and express ideas clearly in writing					
Ability to organize and express ideas clearly in speaking					
Ability to make connec- tions between theory and practice					
Academic motivation, interest and enthusiasm	1				
Ability to work with oth- ers in academic setting	8				
OVERALL RATING					