

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

Application for Admission

Request for Reference

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she waives such access.

To be completed by Applicant:

1. Name of Applicant _____ EID _____
2. Graduate program: Public School Leadership Community College Leadership Higher Education Administration
Applying for: Ph.D. Ed.D. M.Ed.
3. (Optional) I hereby waive my right of access to the material recorded below.

Signature of Applicant

Date

To be completed by Respondent:

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Teaching Ability					
Problem-solving Ability					
Leadership Ability					
Ethical Behavior					
Interpersonal Skills					
Motivation					
Perseverance					
Receptivity to new ideas					

I have known the applicant for approximately _____ years.

In the capacity of _____

In summary: I would give a Very Strong Strong Average Below Average recommendation.

I cannot recommend this candidate

Respondent's signature: _____ Title _____ Date _____

Name Printed or Typed: _____ Address _____

To the Respondent: May we have your judgment of this candidate's qualifications, and promise of the candidate's intellectual ability, motivation, and capacity for research or for acquiring professional skills for a career in productive scholarship and effective leadership; of his or her previous work quality; and of his or her character and personality. (You may use the back side of this sheet.)

Please return this form to:
UT Austin, Graduate Advisor
Educational Administration Department
1 University Station D5400
Austin, Texas 78712-0374