

Master of Science – Educational Technology

PITTSBURG STATE UNIVERSITY COLLEGE OF EDUCATION GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name _____ PSU ID # _____

Recommender's Name _____

Program Emphasis: Library Media Technology Integration

To the applicant: Complete the information requested above and give to the person serving as a reference. Please choose whether or not you wish to waive your right of access to this recommendation. Your application will not be considered unless you have checked and signed this section.

_____ I waive my rights to see this form and any supplementary comments or letter, if written.

_____ I do **not** waive my rights to see this form and any supplementary comments or letter, if written.

Signature: _____ Date: _____

The person named above is applying for admission to Graduate School in the College of Education at Pittsburg State University. Please complete the following for the applicant. Thank you for your assistance and cooperation.

How long have you known the applicant? Less than one year Years

How do you know the applicant?

Please rate the applicant on the traits shown below using the following rating scale:

1. Candidate is above average in display of this disposition.
2. Candidate consistently displays the disposition.
3. Candidate inconsistently displays the disposition.
4. Candidate does not display this disposition.

Your Rating	1	2	3	4	Unable to Judge
-------------	---	---	---	---	-----------------

Academic Ability for
Graduate Work

Communication Skills

Success in Forming
Professional Relationships

Motivation and Diligence

Openness to Self-Examination
as it Relates to Personal and
Professional Development

Potential as a Practitioner

If you alone were making the decision for admission, which of the following would it be?

_____ **Accept:** The applicant should complete the master's degree and be successful as a practitioner.

_____ **Accept, but with reservation:** Please explain below including comments concerning ability, motivation, or personal characteristics to be successful as a student and/or practitioner.

_____ **Do not accept.** Please explain below.

Please provide a few comments giving your evaluation of the applicant's suitability for study with special reference to initiative, intelligence, and ability to complete tasks on time. A statement about the applicant's emotional stability, maturity, and ability to collaborate with colleagues and supervisors would be particularly important for individuals applying to our practitioner programs.

Name _____

Title/Position _____

Address _____

Telephone _____

Signature _____

Please complete and return this form promptly via e-mail to [Teacher Education Office](#)