



Mississippi College

**Educational Leadership Program [Ed. S.]
Letter of Recommendation**
Mississippi College Graduate School
Box 4029, Clinton, MS 39058

Name of Applicant _____

MC ID Number _____

Address _____

City _____

State _____

Zip _____

Waiver of Access: I agree that this recommendation will remain Confidential

Signature of Applicant (Optional) _____

1. How well do you know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's potential as an educational leader.

Please rate the applicant in the following categories:

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Teaching Ability					
Interpersonal Skills					
	Education Specialist Program				
I would strongly recommend for					
I would recommend for					
I would recommend with reservation for					
I would not recommend for					

Indicate applicant's promise for success in graduate program. () outstanding () above average () average () poor

Signature _____

Date _____

Institution or School _____

Name (please print or type) _____

Title _____

Address _____

Mississippi College considers qualified applicants without regard to race, gender, creed, national origin, age or handicap in its admission policies and practices. Federal law expressly recognizes exemptions claimed by religious institutions.