Mississippi College

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

_____
Name of Applicant Social Security 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.