

University of Utah  
Department of Special Education

**RECOMMENDATION FORM FOR APPLICATION TO PHD PROGRAM**

Applicant's Name (please print) \_\_\_\_\_

Intended Specialization Area for PhD Program \_\_\_\_\_

Name and position of person completing this recommendation:

\_\_\_\_\_  
\_\_\_\_\_

*Please return this completed recommendation form to the University of Utah, Department of Special Education, (c/o Patty Davis) 1705 East Campus Center Drive, 221 Milton Bennion Hall, Salt Lake City, UT 84112 by: \_\_\_\_\_*

(date)

**To the Applicant:** This form should be given to **professors, employers, and/or professional colleagues** who are able to comment on your qualifications for graduate study in special education. On the lines immediately above this paragraph type or print your name and the name of the person from whom you are requesting a recommendation. For the convenience of the person completing this form, you should include a stamped envelope addressed to the **University of Utah, Department of Special Education (c/o Patty Davis), 1705 East Campus Center Drive, Room 221, Salt Lake City, Utah, 84112-9253.**

**Under the federal Family Educational Rights and Privacy Act of 1974,** students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significance to them if it is known that the recommendations will remain confidential. **It is your option to waive your right to have access to the recommendations or to decline to do so. Please mark the appropriate phrase below indicating your choice of option and sign your name.**

**I waive my right to review this recommendation** \_\_\_\_\_

**I do not waive my right to review this recommendation** \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**RECOMMENDATION**

1. I have known the applicant for \_\_\_\_\_ years, \_\_\_\_\_ months.

2. I know the applicant: slightly \_\_\_\_\_ fairly well \_\_\_\_\_ very well

3. I have known the applicant:

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| _____ As an undergraduate student | _____ As an advisee               |
| _____ As a graduate student       | _____ As an employee              |
| _____ As a teaching assistant     | _____ As a professional colleague |

4. The applicant has taken: none of my classes \_\_\_\_\_ one of my classes \_\_\_\_\_  
two or more of my classes \_\_\_\_\_ Not applicable \_\_\_\_\_

5. Compared to other individuals as indicated in Item 3 above, how do you rate the applicant?

	<i>EXCELLENT</i>		<i>AVERAGE</i>		<i>POOR</i>	<i>No Basis For Judgment</i>
	5	4	3	2	1	
a. Motivation to achieve						
b. Interpersonal skills						
c. Potential for college teaching						
d. Research potential						
e. Potential for leadership						
f. Ability to communicate verbally and in writing						

6. Indicate your overall endorsement of the applicant:

- |  |                          |
|--|--------------------------|
| _____ Not recommended                    | _____ Recommended        |
| _____ Recommended with some reservations | _____ Highly recommended |

7. Please attach a brief written statement regarding this candidate's potential for success as a (a) graduate student in special education and (b) faculty member in higher education, or administrator in public or private agency.

Signature of Respondent \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Position or title \_\_\_\_\_

Address of Respondent \_\_\_\_\_

**Please mail or hand carry this form in a sealed envelope to the University of Utah, Department of Special Education, c/o Patty Davis, 1705 East Campus Center Drive, Room 221, Salt Lake City, Utah, 84112-9253. It must be received by the deadline indicated above.**

**PLACE YOUR SIGNATURE ACROSS THE SEALED FLAP OF THE ENVELOPE.**