The Family Educational Rights and Privacy Act of 1974 opens many college records for the student’s inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The student’s signature below constitutes a waiver signifying that the recommendation will remain confidential. No signature means that the student will have the right to read this reference.

Date:___________________          Student’s Signature:_________________________________

Name of Applicant:_____________________________________________________________

Letter requested of:_________________________________ Date:____________________

The applicant above is applying for admission to the Educational Administration, Curriculum and Supervision (EACS) doctoral program. As an aid to assist the committee in evaluating the applicant, specific information about the applicant’s present and/or future leadership capabilities in education and the applicant’s capacity for independent, scholarly work is being sought from you as the respective recommender. In your opinion please provide responses to the following questions:

1) How long have you known the applicant and in what capacity?
2) Explain the applicant’s present and/or future leadership capabilities in education as you perceive them to be and/or witnessed them while knowing or working with the applicant.
3) Describe, in your opinion, if the applicant possesses the intellectual and personal qualifications requisite for success in a demanding graduate program.

(Note: You may write directly on this form in front and back, or attach a typed response).
On a scale of 1 to 10, 10 being the highest, I would rate the applicant’s **intellectual ability** as the number _______.

On a scale of 1 to 10, 10 being the highest, I would rate the applicant’s **communication skills** as the number _______.

On a scale of 1 to 10, 10 being the highest, I would rate the applicant’s **character** as the number _______.

On a scale of 1 to 10, 10 being the highest, I would rate the applicant for being a **team player** as the number _______.

_____________________________  Title:___________________________________

Print Name:____________________________  Institution/Affiliation:_____________________

Date:_______________    Address:_______________________________

_______________________________

Contact Number(s):______________________________________________________________

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**Submit or mail completed letter of reference form and any additional typed information to:**

University of Oklahoma Norman Campus: University of Oklahoma at Tulsa:
Educational Leadership and Policy Studies  OU- Tulsa Graduate College
820 Van Vleet Oval  4502 E. 41st Street
Norman, OK 73019  Tulsa, OK 74135-2512
Attn: Trudy Rhodes  Attn: OU Admissions