



Doctor of Education (EdD)
Lincoln Memorial University
Carter and Moyers School of Education
421 Park 40 North Blvd.
Knoxville, TN 37923

RECOMMENDATION FORM

Applicant completes this section:

Last Name _____

First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

APPLICANT'S WAIVER OF ACCESS STATEMENT: I understand that this letter of evaluation is to be received and maintained in confidence by the LMU EdD Program. I also understand that this letter will serve as one component of my consideration for admission into the doctoral program. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974 and any or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request an amendment to this letter.

- Yes, I waive the right to view this letter of recommendation.
- No, I do not agree to waive this right. I wish to retain the right to view this letter of recommendation.

Signature of Applicant

Date

Recommender completes this section:

Please completely fill out the requested information below. Place both pages of this recommendation (along with an optional letter of recommendation) in a sealed envelope with your signature written across the seal and mail it to the address above.

Name of Recommender _____ Title _____

How long have you know this applicant: _____

In what capacity? _____

Please rate the applicant on the qualities listed below.

	Exceptional (top 5%)	Outstanding (top 15%)	Above Average (top 25%)	Average (above 50%)	Below Average (below 50%)
Intellectual / Academic Ability					
Oral Expression					
Writing Ability					
Analytical / Quantitative Ability					
Emotional Maturity					
Initiative / Motivation					
Interpersonal Skills					
Reaction to Criticism					
Academic Honesty / Integrity					
Educational and Organizational Leadership					
Perseverance					
Professional Disposition					

Comments: _____

Admission to the EdD Program is:

- Strongly Recommended Recommended with Reservation
 Recommended Not Recommended

Recommender's Organization _____

Address _____

Business Phone _____ email _____

 Signature of Recommender

 Date

By signing this recommendation, I acknowledge that the information provided herein is an accurate and true reflection of my assessment of this applicant and that this recommendation was completed by me.