

**University of West Florida**  
**PROFESSIONAL REFERENCE FORM**  
**Doctor of Education**

*Please mail or email the completed form to:*

**University of West Florida**  
**Graduate School, Building 11**  
**11000 University Parkway**  
**Pensacola, FL 32514-5751**  
**Email: [gradadmissions@uwf.edu](mailto:gradadmissions@uwf.edu)**

The department requires three professional references to complete the recommendation form. At least two references should be able to speak to your academic work, writing skills and suitability for rigorous doctoral academic work. Please provide the recommendation form to your references and ask that they complete the form and send it directly to Graduate Admissions at [gradadmissions@uwf.edu](mailto:gradadmissions@uwf.edu).

Applicant's Name: \_\_\_\_\_ UWF Student ID # (Not SSN): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

I AM APPLYING TO THE DOCTORATE IN CURRICULUM & INSTRUCTION:

(Select one specialization): Curriculum and Assessment    Instructional Design & Technology    Physical Education & Health  
Administration & Leadership Studies    Other \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Institution/Company: \_\_\_\_\_

\*According to the Family Educational Rights and Privacy Act of 1974, the applicant has a right of access to information provided in a letter of recommendation. The applicant also has the option to waive this right and subsequent access to this information. Waiver of this right is NOT a condition of admission and each application will receive full and equal consideration, regardless of the decision regarding this waiver.

- I **waive** my right to view the content of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.\*
- I **do not waive** my right to view the contents provided in the letter of reference by the above named referee. I understand that the decision itself will not affect the decision of the Admissions Committee.\*

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

\_\_\_\_\_ Date

**EVALUATOR: (Please complete this portion and select the "SUBMIT" button to return the form to the UWF Graduate School.)**

Evaluator's name: \_\_\_\_\_

Institution/Company: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your relationship to the applicant?

- Teacher     Supervisor     Academic Advisor     Employer     Other (please explain) \_\_\_\_\_

How well do you know the applicant?

- Not well     Somewhat     Well     Very Well

How long have you known the applicant? \_\_\_\_\_

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?     YES     NO

If no, please explain \_\_\_\_\_

In comparison to other graduate school applicants you have known, how would you rate this applicant in terms of:

	<b>Superior 95-100%</b>	<b>Excellent 90-94%</b>	<b>Very Good 75-89%</b>	<b>Good 50-74%</b>	<b>Fair 25-49%</b>	<b>Very Low 0-24%</b>	<b>Unable to Judge</b>
<b>Intellectual ability</b>							
<b>Personal suitability to function as a professional in the field</b>							
<b>Ability to work with others</b>							
<b>Ability to work independently</b>							
<b>Writing skills</b>							
<b>Speaking skills</b>							
<b>Self-initiative</b>							
<b>Creative, innovative thinking</b>							
<b>Productivity</b>							
<b>Professional responsibility</b>							
<b>Personal maturity</b>							
<b>Persistence</b>							
<b>Capacity to handle stress</b>							
<b>Leadership ability</b>							
<b>Commitment to professional growth</b>							
<b>Research Skills</b>							
<b>Receptivity to criticism</b>							
<b>Integrity</b>							
<b>Dependability</b>							
<b>Ethical conduct</b>							
<b>Potential for academic success at the graduate level</b>							

Please comment below (or in an accompanying letter typed on your professional letterhead) on any of these categories or other areas that you think would be helpful in assessing the applicant's qualifications for the program.

Do you have any information related to the applicant's personal characteristics that should be considered by the Admissions Committee in assessing his/her capacity to succeed in graduate study and professional work?

Overall recommendation for admission to the doctoral program:

Recommend most highly      Strongly recommend      Recommend      Recommend with some reservations      Do not recommend

To assure that the applicant's application package is complete by the admission review deadline, please complete and submit this form (along with any supplemental letters) within 2 weeks of receiving it. We appreciate your time and effort.

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_