

Master's Programs of Dallas Baptist University Request for Recommendation

The applicant should complete this section and also provide the respondent with a stamped envelope addressed as follows:
Office of Graduate Programs * Dallas Baptist University * 3000 Mountain Creek Parkway * Dallas, TX 75211-9299

(Mr.) (Mrs.) (Miss) (Ms.) (Dr.) (Rev.) _____ is applying for admission to the

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Business Administration (M.B.A.) | <input type="checkbox"/> Management (M.A.M.) | <input type="checkbox"/> Counseling (M.A.C.) | <input type="checkbox"/> Higher Education (M.Ed.) |
| <input type="checkbox"/> Teaching (M.A.T.) | <input type="checkbox"/> Education (M.Ed.) | <input type="checkbox"/> School Counseling (M.Ed.) | <input type="checkbox"/> Liberal Arts (M.L.A.) |
| <input type="checkbox"/> Professional Development (M.A.P.D.) | <input type="checkbox"/> Christian Education (M.A.C.E.) | <input type="checkbox"/> Worship Leadership (M.A.W.L.) | <input type="checkbox"/> Global Leadership (M.A.G.L.) |
| <input type="checkbox"/> Christian Education in Childhood Ministry (M.A.C.E.: CM) | <input type="checkbox"/> Christian Education in Student Ministry (M.A.C.E.: SM) | | |

program at Dallas Baptist University. The applicant and the admissions committee would appreciate you completing this form and returning it at your earliest convenience to the Graduate Office of Dallas Baptist University.

Applicant's Statement: I am aware that under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec. 1232 {a} {1} {C}), I am not required to, but I may voluntarily waive my right to access confidential letters and statements of recommendation submitted to Dallas Baptist University in support of my application for graduate admission. I further understand that under the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of that applicant's application materials. The giving of a waiver shall not be regarded as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the University. I understand that this recommendation will be used in the process of evaluating my application for admission to the Graduate School of Dallas Baptist University.

I hereby: do/do not waive my rights of access to any and all letters or statements of recommendation which may be submitted by _____ (Applicant must specify name of person submitting recommendation before sending form to that person) in connection with my application to the Graduate School of Dallas Baptist University.

Signature _____ Date _____ Social Security # _____

KNOWLEDGE OF THE APPLICANT

- How long have you known the applicant? _____ years _____ months
- In what capacity? (please check)

| | |
|---|---|
| <input type="checkbox"/> Teacher in one class | <input type="checkbox"/> Teacher in more than one class |
| <input type="checkbox"/> Work Supervisor | <input type="checkbox"/> Research Advisor |
| <input type="checkbox"/> Minister | <input type="checkbox"/> Other (specify): _____ |
- How well do you know the applicant? Casually Well Very Well

RELATIVE RATING OF THE APPLICANT

Please rate the applicant in the areas indicated below by comparing him or her to a reference group you specify (college seniors, employees, students in a class, etc.)

Reference Group : _____

- Of those in the group, in intellectual ability, I consider the applicant to be in the (please check):

| | | | |
|-----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Upper 1% | <input type="checkbox"/> Upper 10% | <input type="checkbox"/> Middle 50% | <input type="checkbox"/> Inadequate opportunity to observe applicant |
| <input type="checkbox"/> Upper 5% | <input type="checkbox"/> Upper 25% | | |
- Applicant's potential as a Graduate Student: *(Please rate by one of the indicated numeric values.)*

| | Exceptional (10-9) | Above Average (8-7) | Average(6-4) | Below Average (3-2) | Poor (1-0) | No information |
|----------------------|--------------------|---------------------|--------------|---------------------|------------|----------------|
| Knowledge of Field | | | | | | |
| Intellectual Ability | | | | | | |
| Motivation to Work | | | | | | |
| Writing Ability | | | | | | |
| Oral Expression | | | | | | |
| Emotional Maturity | | | | | | |
| Task Completion | | | | | | |
| Working with Others | | | | | | |
| Originality | | | | | | |
| Ethical Behavior | | | | | | |
| Analytical Ability | | | | | | |

3. Some individuals demonstrate comparatively low achievement scholastic records. In your opinion, is the applicant's record, as you know it, an accurate index of his or her scholastic ability? Yes No

If your answer is "no", please explain briefly.

4. Do you have any information related to character or temperament that would affect the student's ability to do graduate work which should be considered by an admissions committee?

5. Please express your views on any items mentioned above and on any other relevant abilities the applicant may possess (e.g. ability to organize and express ideas clearly, orally and in writing, and other accomplishments).

6. In your judgement, what level of academic success is this applicant capable of reaching?

- | | |
|--|--|
| <input type="checkbox"/> Definitely doctoral level | <input type="checkbox"/> Probably master's level |
| <input type="checkbox"/> Probably doctoral level | <input type="checkbox"/> Probably below master's level |
| <input type="checkbox"/> Definitely master's level | <input type="checkbox"/> Definitely below master's level |

7. In summary, I would give a: Strong recommendation Recommendation Recommendation with reservations

Comments: _____

Signature of respondent _____ Date _____

Name (printed or typed) _____ Title _____

Institution _____ Phone _____

Address (City, State, ZIP) _____