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 following master's 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.

Master of Business Administration (M.B.A.)
Master of Arts in Management (M.A.M.)

Master of Arts in Counseling (M.A.C.)
Master of Education in Curriculum and Instruction (M.Ed.)

Master of Education in Early Childhood Education (M.Ed.)
Master of Education in Educational Leadership (M.Ed.)

Master of Education in Higher Education (M.Ed.)
Master of Education in Kinesiology (M.Ed.)

Master of Education in Reading and English as a Second Language (M.Ed.)

Master of Education in School Counseling (M.Ed.)
Master of Arts in Teaching (M.A.T.)

Master of Liberal Arts (M.L.A.)
Master of Arts in Professional Development (M.A.P.D.)

Master of Arts in Christian Education (M.A.C.E.)
Master of Arts in Global Leadership (M.A.G.L.)

Master of Arts in Worship Leadership (M.A.W.L.)
Master of Arts in Christian Education: Childhood Ministry (M.A.C.E.:CM)

Master of Arts in Christian Education: Student Ministry (M.A.C.E.:SM)

Master of Christian Education/Master of Business Administration Dual Degree (M.A.C.E./M.B.A.)

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 __________________

Please print name: _______________________________________

KNOWLEDGE OF THE APPLICANT
1. How long have you known the applicant? ________years _________months

2. In what capacity? (please check) Teacher in one class Teacher in more than one class
Work Supervisor Research Advisor
Minister Other (specify): ________

3. 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 : _____________________________

1. Of those in the group, in intellectual ability, I consider the applicant to be in the (please check):
Upper 1% Upper 10% Middle 50% Inadequate opportunity to observe applicant
2. Applicant’s potential as a Graduate Student: *Please rate by one of the indicated numeric values.*

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<th>Exceptional (10-9)</th>
<th>Above Average (8-7)</th>
<th>Average (6-4)</th>
<th>Below Average (3-2)</th>
<th>Poor (1-0)</th>
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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?

   - Definitely doctoral level
   - Definitely master’s level
   - Probably below master’s level
   - Probably doctoral level
   - Probably master’s level
   - 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 ______________________