

Recommendation Form
Doctoral Program in Adult and Continuing Education

Kansas State University
College of Education

To the Applicant:

Please complete this portion of the recommendation form and provide it to three people, all of whom know you professionally. Have the recommender complete it and mail it directly to the Office of Graduate Studies at the College of Education at Kansas State University at the address shown at the end of the form.

Applicant's Full Name: _____

Email Address: _____

Street Address: _____

City/State/Zip or Postal Code: _____

Country: _____

Telephone Number: _____

Semester and Year of Anticipated Enrollment:

_____ Fall _____ Spring _____ Year

I hereby waive my rights to read this recommendation. ____ yes ____ no

Signature

Date

To the Recommender:

The person whose name appears above is applying for admission to the Adult Education Doctoral Program at Kansas State University and is required to obtain three Recommendations as part of her/his admission packet. Please complete this form in its entirety and provide your assessment of the applicant's academic qualifications and ability to successfully complete academic work at the doctoral level. Additional information such as a letter of reference may also be attached. However, this form must be completed in order for the applicant's file to advance for review.

Characteristics of the Applicant				Good (Middle 50%)	Below Average (Lowest 25%)	Unable to Judge
	Exceptional (Top 2%)	Excellent (Top 10%)	Very Good (Top 25%)			
Intellectual ability						
Oral expression						
Written expression						
Initiative						
Perseverance						
Awareness of own strengths						
Awareness own limitations						
Ability to conduct research						
Ability to interpret research						
Technological competence						

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be talents and strengths of the applicant with respect to successfully completing academic work at the doctoral level?

3. What characteristics do you consider to be limitations of the applicant with respect to successfully completing academic work at the doctoral level?
4. Please provide any other information which you feel would be relevant and helpful to the Admissions Committee in reviewing the applicant's file.
5. In your estimation and with respect to successfully completing academic work at the doctoral level, this applicant is:
- _____ Highly recommended
- _____ Recommended
- _____ Recommended with reservations
- _____ Not recommended

Name of Recommender: _____

Title: _____

Organization: _____

Address: _____

City/state/zip or postal code: _____

Country: _____

Email: _____

Telephone: _____

Recommender's Signature

Date

Please save and return the completed recommendation form to coegrads@ksu.edu
or print and mail to the address below:

Office of Graduate Studies
College of Education
18 Bluemont Hall
1100 Mid-Campus Drive
Kansas State University
Manhattan, KS 66506-5301