



**Master of Arts in Teaching
Academic Program Recommendation**

Student Name

Date

Subject Area Major/ Content Area Specialty

GPA

STUDENT: Please have a professor in your major field of study complete this form. If you have been out of college for more than five years, you may substitute a letter of recommendation from a current employer in lieu of this form. Have your letter writer address the qualities referenced on this form, as well as any others you see as relevant. Have your professor or employer return the form or letter to you in a sealed envelope so you can include it with your application materials.

PROFESSOR/ACADEMIC ADVISOR: The following scales are intended to rate the student's ability to perform in a graduate study program. Please assess the students' predicated performance in each category:

NA = not applicable/not enough information to respond; 1= below average; 3 = satisfactory; 5 = very good; 7 = outstanding.

| Category | Scale | | | | | | | Comments |
|----------------------------|-----------------|---|---|---------------|---|---|---|----------|
| | (Below Average) | | | (Outstanding) | | | | |
| Scholarship | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Academic Promise | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Reliability | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Initiative | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Ability to Apply Knowledge | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Overall Rating | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Considering all factors, I recommend this applicant:

- Highly
- With Reservation
- Not at All

After completing this form, please seal in an envelope before returning it to the student.

Professor/Advisor's Signature

Date

Printed Name

Institution

Academic Department