Azusa Pacific University

GRADUATE AND PROFESSIONAL CENTER

Office of Graduate and Professional Admissions

Ed.D. in Educational Leadership: Recommendation Form

Applicant's name	Last	Maiden (if appli	cable)	First		Middle		
Social Security Number _			Program name					
To the Applicant: I under Family Educational Rights			on will be use	ed only for adn	nission purp	oses, and acco	rding to the	
☐ I aç	gree to waive access	s to this statement.	I do not	agree to waive	e access to t	his statement.		
Applicant's signature		Date						
RECOMMENDER: An	nswer all questions as co	ompletely as possible. Plea	ase print or type.					
How long have you know		In what capacity?						
Compared to individuals	you have known at a	a similar level of deve	opment, pleas	se evaluate th	e applicant o	on each factor l	isted belov	
		Superior Top 2%	Very Good Top 10%	Good Top 25%	Average Mid 50%	Below Average Low 25%	Unable to Judge	
Academic aptitude								
Adaptability								
Dependability								
Leadership								
On a separate sheet of pa	aper, please comme	nt regarding the follow	ving:					
1. Please give a frank a	ppraisal of the suita	bility of the candidate	to succeed in	n doctoral stud	dy.			
2. Please describe the	candidate's potentia	ll to make a significan	t contribution	to the profess	sion.			
Recommendation for adn	nission: Strongl	y recommend	Rec	commend with	n reservation			
	Recom	mend	☐ Do	not recomme	nd			
Recommender's signature				Date	Date			
Name (print)								
Address								
Street Email		City	City		State		ZIP	
Please return this form to		ate and Professiona niversity	I Admissions		y email to:	gradadmissio	ns@apu.e	