

Recommendation Form

	Ар	plicant information	on			
Full Legal Name:			Program Applying For:			
UTA ID Number:			Email Address:			
Intended Start Date						
Semester: Spring Summer Fall Year:						
Applicant's statement under the provision of the Family Educational Rights and Privacy Act of 1974: This applicant (if admitted and enrolled) will have access to the information provided below unless they have waived such access.						
I hereby waive do not waive my rights of access to all letters of recommendation.						
Applicant's Cignoture Horsey						
Applicant's Signature Here: x By signing (digital signing or handwritten) my name here, I certify that I have completed the above information to the best of my knowledge.					 ae.	
Provide a signed copy of this recommendation form to each of your references. Instruct them to email the form to CoEd.AOPrograms@uta.edu.						
Recommender's Evaluation of the Applicant						
I would compare the applicant with other students of the same level as follows:						
	Exceptional	Above Average	Average	Below Average	No Information	
Intellectual Ability						
Writing Ability						
Speaking Ability						
Teaching Ability						
Academic Preparation						
Motivation and Problem Solving						
Conflict Resolution						
Research Aptitude						
Interpersonal Skills						
I have known the applicant foryearsmonths.						
During this time the applicant was a/an:						
Employee under my supervision Coworker						
☐ Professional Colleague ☐ Advisee or College Student/Intern						
Other						
In summary, my recommendation for this applicant is:						
Very Strong Strong Average Below Average						
If applicant's native language is not English, evaluate English proficiency:						
Very Strong Strong Average Below Average						
Additional comments: (Please feel free to attach a written assessment of the candidate.)						
Pacammandar'a Nama:		Title/Del	0:			
Recommender's Name:			-			
Place of Employment:						
Email Address:						
Please email this form to CoEd.AOPrograms@uta.edu						