CORBAN
UNIVERSITY

Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your professional conduct, potential as a graduate student and your *abilities as a teacher*. Must be someone who has known you for at least *one year* and is *not a relative*. **If possible, a recommendation from someone who has observed you in a supervisory role with children or adolescents is preferred.**

Last	First	Middle

Address	City	State	Zip

❏ I waive my right to review this form once submitted to Corban University.

Recommendation *(To be completed by evaluator)*

The individual whose name appears above is required to provide a reference prior to being admitted to Corban's Master of Science in Education or Graduate Teacher Licensure program. Students are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation will be appreciated.

1. How long have you known the applicant and in what capacity? *(Be specific)*

2. What is your perception of the applicant's potential for success in graduate school?

3. What is your perception of the applicant's potential for effectiveness in education? Or, if the applicant is already an educator, what is your perception of their current effectiveness in education?

Qualities

	Superior	Above Average	Average	Below Average
Intellectual Abilities				
Oral and Written Expression				
Emotional Maturity				
Desire to Achieve				
Concern for Others				
Dependability				
Leadership Potential				
Creativity				
Commitment to Education				

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

Evaluator's Name _____

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

May we contact you if we need clarification concerning this form? ☐ Yes ☐ No

I am a graduate of ☐ Corban University   ☐ Other _____

_____ _____
Signature   Date

Please Return to:
CORBAN UNIVERSITY
OFFICE OF GRADUATE & ONLINE ADMISSIONS
5000 Deer Park Drive SE | Salem, OR 97317-9392
800-764-1383 | 503-589-8195 | Fax 503-585-4316

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