



This recommendation is:

- Academic
- Professional
- Personal

DOCTOR OF EDUCATION RECOMMENDATION FORM

To Be Completed by the Applicant

First Name	Last Name	Middle	Date of Request	
Street Address		City	State	Zip
Program Applied For		Name of Reference		

Please note: You may elect to maintain an open file, which permits you to inspect our correspondence from the person named above. If you wish to waive your access to such correspondence, you may do so by signing here before handing this form to the above-named reference.

Signature _____

To Be Completed by the Referring Person

Name	Job Title	Organization
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How long have you known the applicant? _____ In what capacity? Student Friend
 Employee Other _____

Please complete the following section as it applies to your knowledge of the applicant.

ACADEMIC REFERENCE

Please compare the applicant to other students you have known.

Academic Preparation	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Avg.	<input type="checkbox"/> Average	<input type="checkbox"/> Below Avg.	<input type="checkbox"/> No Knowledge
Graduate Study Potential	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Avg.	<input type="checkbox"/> Average	<input type="checkbox"/> Below Avg.	<input type="checkbox"/> No Knowledge
Doctoral Writing Ability	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Avg.	<input type="checkbox"/> Average	<input type="checkbox"/> Below Avg.	<input type="checkbox"/> No Knowledge

Ability to be a supportive and productive part of a cohort of learners.

Outstanding Excellent Above Avg. Average Below Avg. No Knowledge

PROFESSIONAL REFERENCE

Please compare the applicant to other persons with whom you have worked.

Outstanding Excellent Above Avg. Average Below Avg. No Knowledge

ACADEMIC AND PROFESSIONAL REFERENCE

Please describe the applicant in terms of such qualities as self-confidence, independence, personal organization and efficiency, patience, perseverance, and professional potential. You may use the available space or attach your statement on a separate sheet.

SUITABILITY FOR LOW-RESIDENCY, MENTORED STUDY

Please provide evidence that would support the candidate's suitability for studying in a low residency (five weekends per year) model of mentored study, in which students must be self-motivated and self-directed in pursuing their degree plans in consultation with a core faculty team.

Address and telephone number where AIC can contact you

Signature

Date

Please send the completed form to:

Barbara Benoit
Office of Graduate Admissions
American International College
1000 State Street, Springfield MA, 01109