



NOVA SOUTHEASTERN UNIVERSITY  
 Enrollment Processing Services (EPS)  
 Attn: Fischler School of Education and Human Services  
 3301 College Avenue  
 P.O. Box 299000  
 Fort Lauderdale, Florida 33329-9905  
 (954) 262-8500  
 800-986-3223, ext. 8500 (United States and Canada)  
 Fax: (954) 262-3601

**Recommendation for Admission  
 Doctor of Education**

**TO THE APPLICANT:** This form should be completed by a professional colleague who can provide information regarding your job performance. You must submit this recommendation form as part of the admission process.

Please complete this portion of the recommendation form before giving it to your source of reference. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974,  
 I DO  I DO NOT waive the right to inspect and review this completed recommendation.

\_\_\_\_\_ Applicant's name (please print) \_\_\_\_\_ Signature

\_\_\_\_\_ Street address \_\_\_\_\_ Apartment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

\_\_\_\_\_ Social Security number \_\_\_\_\_ Program \_\_\_\_\_ Cluster \_\_\_\_\_ Date

Employer (or institution/organization) \_\_\_\_\_

**TO THE EVALUATOR:** Please do not complete this form if the waiver above has not been completed and signed by the applicant.

1. The applicant's most significant strength is \_\_\_\_\_

\_\_\_\_\_

2. I have known the applicant for \_\_\_\_\_ years. The applicant has been a member of my staff for \_\_\_\_\_ years.  
 I have known this person:  Well  Slightly

3. In my opinion, the applicant's potential for success in a doctoral program of studies is  
 Good  Average  Poor

4. In my opinion, the applicant has the ability to effectively complete an institutional or organizational research project.  
 Yes  No

SS# \_\_\_\_\_ Name \_\_\_\_\_

- 5. I have observed the applicant's work on institutional or organizational projects and find the project(s)  
 Good     Average     Poor
- 6. The applicant works effectively with administrators or supervisors at his/her institution or organization.  
 Yes     No
- 7. The applicant has been involved in innovative projects at his/her institution or organization.  
 Yes     No
- 8. I have observed the applicant's interpersonal skills to be  
 Good     Average     Poor

9. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read the information above and understand that the applicant will be required to complete the practicum research projects as a requirement in the doctoral program.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Evaluator's Signature

\_\_\_\_\_  
 Institution or Organization

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Department

Please return to: Nova Southeastern University  
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