

Recommendation Form - Confidential

Ed.D. in Educational Leadership Ph.D. in Counseling Ph.D. in Curriculum and Instruction Ph.D. in Leadership and Education

INFORMATION PROVIDED BY APPLICANT

Applicant's Name: _____
(Last) (First) (Middle)

Social Security Number (Used for identification purposes only): _____

Intended Program:

- Ed.D. in Educational Leadership
- Ph.D. in Counseling with Specialization in Marital, Couple, and Family Counseling/Therapy
- Ph.D. in Curriculum and Instruction (*Check Area of Specialization*) Culture, Language, and Literacy (TESOL)
- Curriculum Evaluation and Research Early Childhood Education Elementary Education
- Reading, Language, and Cognition
- Ph.D. in Leadership and Education (*Check Area of Specialization*) Educational Technology
- Exceptional Student Education Higher Education Administration Human Resource Development Leadership

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access I may have to this recommendation form.

Signature: _____ Date: _____

It is the responsibility of the applicant to distribute this form and request recommendations in support of his/her application for doctoral study, and follow up to ensure submission of required information.

TO THE RESPONDENT:

The above named individual has applied for admission to the Barry University doctoral program. Please comment on this individual in relation to the following:

1. Intellectual capacity to engage in scholarly activities

2. Skill in written communication

3. Skill in verbal communication



4. Achievement in previous academic programs

5. Awareness of critical professional issues

6. Potential for contributing to the profession

7. Potential for providing leadership in his/her chosen field

8. Other

9. I recommend this applicant:	Not at all	Moderately	Enthusiastically
	1 2 3	4 5 6	7 8 9

Signature of the Respondent _____

Name _____ Date _____

Title _____ Phone (____) _____ Ext. _____

Company/Institution _____

Address _____

Please mail form directly to:

BARRY
UNIVERSITY

DIVISION OF ENROLLMENT SERVICES

11300 NE Second Avenue
Miami Shores, FL 33161-6695
admissions@mail.barry.edu

Office of Admissions: 305-899-3113
Toll-free Admissions & Financial Aid: 800-695-2279
Office of Financial Aid: 305-899-3673
Fax: 305-899-2971

www.barry.edu/ed

