

WOODRING COLLEGE OF EDUCATION
Preparing thoughtful, knowledgeable, and effective educators for a diverse society.

INSTRUCTIONS

The applicant shall submit three Professional Reference Forms, one each from two building-level administrators, and one from a district-level administrator. Positive support is required for admission to the program.

The applicant shall complete Sections 1 and 2, print three copies, and submit one to each administrator for completion of Section 3. The completed Recommendation Forms may be sent to the Graduate School directly by the administrator, or submitted by the applicant in a sealed envelope with the administrator's signature across the sealed flap.

Graduate School Admissions
Western Washington University
516 High Street – Old Main 530
Bellingham, WA 98225-9037

SECTION 1: APPLICANT INFORMATION

NAME
ADDRESS
CITY/STATE/ZIP
CURRENT POSITION

SECTION 2: APPLICANT ACCESS

Please indicate if you voluntarily waive your right to review the completed Recommendation Form by checking the appropriate box and signing your name. If you waive your right of access, this document will be held confidential to the extent permitted by law; if not, you may review it upon request. If you do not make a selection, your right of access will be waived.

<input type="checkbox"/> I waive my right of access to this recommendation form.	
<input type="checkbox"/> I reserve my right of access to this recommendation form.	
SIGNATURE	DATE

SECTION 3: PROFESSIONAL REFERENCE

The applicant named on this form is applying for admission to the Educational Administration Program at Western Washington University. This candidate is required to provide professional references pertaining to his/her educational service. S/he must have demonstrated beyond a reasonable doubt qualities of leadership and professional interest. Please respond as fully as you are able with respect to the information requested below. If the applicant has waived his/her right of access, your recommendation will be held confidential to the extent permitted by law; if not, s/he may review it upon request.

In what capacity, and for how long, has this candidate worked for you?

What strengths does this candidate possess that would support an administrative role?

What areas of concern, if any, do you have regarding this candidate serving in an administrative role?

What area(s) of academic study would benefit this candidate?

Do you support this candidate's admission to the Educational Administration Program?

Yes No

SIGNATURE	DATE
PRINTED NAME	POSITION
SCHOOL DISTRICT	