## THE MASTER'S COLLEGE

Confidential Academic Recommendation for the Teacher Credentialing Program

Complete the top portion and give this form to an educator who knows you well and can attest to your academic ability and recent performance. Do not give this form to a relative. Please provide your reference with a stamped envelope to:

The Master's College Department of Education, 21726 Placerita Canyon Road, Santa Clarita, CA, 91321

Electronic forms may be downloaded at: www.masters.edu and submitted by email to: TeacherEd@masters.edu

TO THE APPLICANT		
Social Security Number	Name Last	First
Permanent Address		
City	State	Zip
	rence, sign your name in the space	udent to have access to this reference form unless a waiver to that effect has been signed. If a provided. If you do not sign, you will be permitted to inspect this reference only if you enroll access to this letter of reference.
Signature of Applicant:		Date:

## TO THE REFERENCE ONLY

The candidate named above is applying for admission to The Master's College Teacher Credentialing Program. The Admissions Committee finds candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form and return to the address highlighted above with any additional comments attached.

Please rate the applicant in the areas below by circling the rating that best describes him or her:

WRITING ABILITY	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
RESEARCH ABILITY	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
CREATIVE ABILITY	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
PROBLEM SOLVING & CRITICAL THINKING ABILITY	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
APPRECIATION & KNOWLEDGE OF MULTICULTURAL ISSUES	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
CLASS PERFORMANCE	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
ORAL PRESENTATION	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
PAPERS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
EXAMS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED
PROJECTS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	UNACCEPTABLE	NOT OBSERVED

(continued on reverse)

How long have you known the applicant?
Are you related to applicant? ☐ Yes ☐ No
In what course(s) have you had the applicant as a student?
Do you know of any emotional or spiritual problem(s)? ☐ Yes ☐ No If yes, please explain:
Please list qualities in behavior or attitude that will help or hinder the applicant's teaching ability.
How would you rank this individual's academic ability?
□ Top 10% □ Top 25% □ Top 50% □ Lower 50%
For Single Subject applicants, please evaluate the student's preparation to teach this subject matter in grades 7-12.
Excellent in all areas.
Well prepared in most areas.
Well prepared in some areas, but poorly prepared in others.
Poorly prepared in most areas.
Please add any additional information that will be useful in evaluating the applicant:
Can you conscientiously recommend the applicant for admission to The Master's College Teacher Credentialing Program?
☐ Yes, with confidence ☐ Yes, with the following reservation(s): ☐ No (please explain)
Signature:Date:
Print Name:
Name of Organization: Title:
Address:
City, State, Zip:
Phone: ()Email:
Please return this form to the Teacher Education Department, Box #18 in a sealed envelope, NO LATER THAN