

Ed.D. PROGRAM RECOMMENDATION FORM

Send completed form to admissions@trident.edu or fax 800-403-9024.
For questions call 800-375-9878.

Applicant's Name: _____
Your Name: _____
Your Email: _____

<p>Briefly explain how you know the applicant:</p>
<p>Please assess the applicant's ability to critically assess educational practices or policies: <input type="checkbox"/> Exceptional <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Not Applicable Explain:</p>
<p>Please assess the applicant's experience as an educational leader: <input type="checkbox"/> Exceptional <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Not Applicable Explain:</p>
<p>Please assess the applicant's overall leadership potential: <input type="checkbox"/> Exceptional <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Not Applicable Explain:</p>
<p>Please assess the applicant's understanding of challenges facing educational systems: <input type="checkbox"/> Exceptional <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Not Applicable Explain:</p>

Signature:

Date: