

COLLEGE OF EDUCATION, THE UNIVERSITY OF IOWA  
Iowa City, Iowa

Pursuant to Public Law 93-380, all letters of recommendation written after January 1, 1975, are not considered confidential unless applicant waives right of access.

The signature below constitutes a waiver of the applicant's right of access to this recommendation should he/she be accepted into the College of Education--

\_\_\_\_\_. If not signed, the recommendation can be available to students who are admitted to the program.

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information, please contact the Coordinator of Title IX and Section 504 and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

The applicant named below has requested admission to a program of study in the College of Education leading to a graduate degree. Your response to this inquiry will assist the Division Faculty Review Committee in assessing the academic ability, work experience, and social skills of the applicant. The College of Education faculty and administration believes these are important items to be considered with other data in predicting the potential professional success of persons in educational settings. Your candid appraisal of the applicant's characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant's name (Last, First) \_\_\_\_\_ Program \_\_\_\_\_

Birth month/day \_\_\_\_\_ Degree sought \_\_\_\_\_

How long and in what relationship have you known the applicant? \_\_\_\_\_

This rating compares the applicant with what academic or professional work group? \_\_\_\_\_

	Top 10%	Next 15%	Middle 50%	Next 15%	Bottom 10%	No Evidence
Verbal Skills						
Writing Skills						
Academic Ability						
Work Performance						
Ability to Work with Others						
Leadership Qualities						
Understanding of Others						
Ability to Diagnose Problems						
Ability to Prescribe Solutions						

On the back of this sheet please add any comments which you feel would enhance the above assessment of the applicant's characteristics.

The University of Iowa requests this information of the purpose of making an admission decision. No persons outside the University are routinely provided this information. Applicants are required to obtain three recommendations in order to be considered.

**RETURN to:**  
**Office of Education Services**  
**N310 LC**  
**Iowa City IA 52242-1529**

**Fax 319 335-5364**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Address**