



The Graduate School
 1 South Grove St
 Westerville, OH 43081
 614-823-3210 phone
 614-823-3208 fax
www.otterbein.edu/graduate

**MASTER OF ARTS IN EDUCATIONAL MATHEMATICS
 ACADEMIC RECOMMENDATION FORM**

Applicant's name: _____

To the applicant: Under provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records after you are enrolled at Otterbein University. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right by circling the appropriate phrase and signing your name. Not signing will be interpreted to mean that you do not wish to waive your right of access.

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

Signature: _____ Date: _____

To the person giving the recommendation: The individual whose name appears above is seeking admission to the Master of Arts in Educational Mathematics program at Otterbein University. Please be as complete and candid as possible about the individual and his/her academic abilities in regards to his/her potential for success in graduate-level work. Return this form at your earliest convenience to the address above. Please complete both sides of this form.

The Graduate Mathematical Sciences Faculty at Otterbein University believes that the following list of skills and dispositions are important to the success of individuals in our Master's degree programs. Please evaluate the candidate on each of the following by checking the appropriate box.

Graduate Skills & Dispositions	Outstanding (top 5%)	Good	Marginal	Unacceptable	Not Observed
Intellectual independence					
Capacity for analytical thinking					
Ability to organize and express ideas clearly in writing					
Ability to organize and express ideas clearly in speaking					
Ability to make connections between theory and practice					
Academic motivation, interest and enthusiasm					
Ability to work with others in academic settings					
OVERALL RATING					



Comments:

It will be very helpful if additional information or anecdotes are given concerning particular qualities that should be taken into consideration when the Mathematical Sciences Graduate Admissions Committee reviews the applicant's file. If you attach a separate sheet, your signature must appear on this form as well as on the additional sheet.

Signature: _____ Date: _____

Name (please print or type): _____

Title: _____

Organization: _____

Street Address: _____ City, State, Zip: _____

Telephone Number(s): _____ E-mail address: _____

How long have you known the applicant? _____ In what capacity? _____

