

**SCHREINER UNIVERSITY** REFERENCE SUPPORTING APPLICATION FOR ADMISSION TO THE  
**KERRVILLE** GRADUATE ALTERNATIVE TEACHER CERTIFICATION PROGRAM

Graduate Studies, CMB 6232, 2100 Memorial Boulevard, Kerrville, TX 78028-5697 (830) 792-7455

**APPLICANT - Please complete this section.**

PLEASE PRINT

Name: \_\_\_\_\_  
Last First Middle Maiden  
Level Grades EC-6 Grades 4-8  
Teaching Field Grades 6-12 Grades 8-12 All-Level

I hereby waive all rights of access to letters of recommendation for application to the Graduate Teacher Certification Program at Schreiner University.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations must be received from professors or advisors able to comment on your qualifications.

**TO THE RECOMMENDER**

Application to the Graduate Teacher Certification program requires recommendations from persons able to comment on the applicant's qualifications for teaching. We would appreciate background information and your candid evaluation of the applicant in the areas specified below.

The applicant, in signing above, has waived all rights of access to this information, and your recommendation for admission consideration will be held in the strictest confidence. We appreciate your cooperation in assisting us in this decision. **To preserve the confidentiality of this information, deliver or mail the recommendations to the Graduate Studies, CMB 6232, Schreiner University, 2100 Memorial Blvd., Kerrville, Texas 78028. Please do not have the candidate deliver the recommendation. Thank you for your assistance in this matter.**

1. What has been the length and nature of your acquaintance with the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What would you say are the applicant's best character qualities, e.g., intelligence, innovativeness, dependability, honesty, and judgment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In what aspects do you consider the applicant to need improvement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the applicant able to get along with others? How would you evaluate the applicant's relationship with faculty, students, peers, and supervisors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the applicant able to work under stress and respond to authority? Is the applicant able to respond to criticism from professors and colleagues?

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6. Does the applicant show a genuine concern for people?

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7. Do you consider the applicant to be the type of person who would be receptive to new techniques that would better their teaching and those served?

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8. What is your perception of the applicant's academic ability?

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9. How would you evaluate the applicant's competence in the following areas:

a. Program planning skills \_\_\_\_\_

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b. Implementation and evaluation of educational programs \_\_\_\_\_

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In summary, my recommendation is:      very strong      strong      average      with reservation  
(please specify):

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**RECOMMENDER INFORMATION**

PLEASE PRINT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_