

RECOMMENDATION FORM

Master of Education in Divergent Learning COLUMBIA COLLEGE

To be completed by applicant (check one):

I hereby WAIVE the right of access to this letter of recommendation and appraisal form, as provided by the Family Education Rights and Privacy Act of 1974, and understand that the letter or form will not be displayed to anyone, including myself, except to Columbia College at my request as a part of the admissions process.

I DO NOT WAIVE the right of access to this letter of recommendation and appraisal form as provided by law.

APPLICANT'S SIGNATURE _____ DATE _____

You have been requested by _____ to provide a recommendation to her/his application for admission to the Master of Education in Divergent Learning program.

The program is designed for adult learners and accommodates their schedules by providing a weekend delivery format with intensive class sessions six weekends per semester. Remaining course work is performed by students in their home communities with additional class work, mentoring and advising being accomplished via computer network. Substantively, the program expects the students to develop expertise in theoretical analysis, an understanding of research materials in the field and knowledge in divergent learning. The program, therefore, demands a capacity on the part of each student for self-direction and discipline, as well as an interest both in exploring concepts and building practical skills.

PLEASE FILL OUT THE MATRIX BELOW AND ATTACH A NARRATIVE EVALUATION OF THE APPLICANT'S ABILITY TO PERFORM AT THE GRADUATE LEVEL.

Indicate in your narrative in what capacity you know the applicant and for how long, and speak to his/her ability to perform at the graduate level.

Please rate the applicant on the following dimensions in comparison to other graduate students or professionals you have taught or with whom you have worked.

Dimension	Upper 10%	Next 25%	Middle 25%	Lowest 40%
Analytic Skills				
Writing Abilities				
Speaking Abilities				
Work in the Field of Teaching Divergent Learners (<i>at-risk students</i>)				

Please print _____
Name Employment Position

Please mail or FAX this form to: **Director of Graduate Admissions**
1301 Columbia College Drive
Columbia, SC 29203.
FAX: 803.786.3393

Please call 800.277.1301 or 803.786.3191 with any questions that you may have regarding this form.