

Eastern Kentucky University
Office of Teacher Admission & Certification

**EKU FACULTY REPORT ON APPLICANT
FOR ADMISSION TO THE PROFESSIONAL EDUCATION PROGRAM**

THIS IS NOT A CONFIDENTIAL RECOMMENDATION.

Date _____

Student name _____ **EKU ID** _____

EKU Faculty member _____

Affiliation with student _____

Please indicate your recommendation by checking the appropriate blank(s) below:

Based upon my evaluation of the student, my recommendation is:

1) ___ I recommend admission to the Teacher Education Program.

Comment on strengths _____

2) ___ I do not know the student well enough to respond.

3) ___ I recommend the student not be admitted to the Teacher Education Program.

Comment on concerns is **required** _____

4) ___ The student has demonstrated the dispositions appropriate for teaching.

5) ___ I recommend the student be interviewed to explore characteristics related to:

Dispositions, use of spoken or written English or other _____

Signature _____ **Date signed** _____

Title _____ **Campus address** _____

You may list additional comments on the back of this form.

If this form is not returned it could result in a student being ineligible or delayed for admission to The Professional Education Program.

**Please submit your recommendation to: Office of Teacher Admission and Certification
Bert Combs 423
521 Lancaster Avenue
Richmond, KY 40475**

STUDENT NAME: _____ EKU ID # _____

Address: _____

Dear EKU Faculty Member: _____

Faculty name

_____ Department name

This is a request of your support of my application for admission to the Professional Education Program at Eastern Kentucky University. Attached is a form for you to complete and return to the Office of Teacher Admission and Certification.

- I was a student in your course: _____, during the _____ term (_____)
Prefix/number Fall Spring Summer Year
- I am/was your advisee

Sincerely,

Student signature / date

Dear Student,

Your recommendation from the above EKU faculty member has been received in the Office of Teacher Admission and Certification.

Date Received