Recommendation Form
Online Master of Education (Teaching & Learning Concentration)
Union University Graduate Studies in Education
(Must be completed by those with insight into all sections below; (Total = 4) 2 completed by fellow teachers,
1 by current principal/supervisor, and 1 by a non-family member character reference)

TO THE APPLICANT: Enter your full name below and check the role of the evaluator. Please forward this form to the individual making the recommendation.

APPLICANT NAME: ____________________________________________ (First)  (Middle)  (Last)

This evaluator is: _____Fellow Teacher _____Current Principal/Supervisor _____Character Reference (non-family)

TO THE RECOMMENDER: The person whose name appears above has applied for admission to Union University as a degree-seeking student in the Master of Education Program and is asking you to complete this evaluation form. Please give your opinion regarding the applicant's ability to benefit from an online Master of Education program in Teaching & Learning. Thank you.

How long have you known the applicant? _____________________________

Please check the statements that best characterize the applicant.

CHARACTER
____Is not trustworthy
____Is normally trustworthy
____Is ethical, worthy of complete trust

JUDGMENT
____Often uses poor judgment
____Actions usually well-grounded
____Uses sound judgment

COMMUNICATION ABILITY
____Often has difficulty communicating ideas
____Sometimes has difficulty communicating ideas
____Is articulate, communicates clearly

ORGANIZATIONAL ABILITY
____Has difficulty with organization
____Is normally perceived as in charge of his/her life
____Approaches decisions in a reflective, orderly manner

DEDICATION
____Shuns responsibility
____Does what is necessary
____Carries out responsibilities, shows initiative

SCHOLARLY ATTITUDE
____Avoids learning new ideas and skills
____Will learn what is absolutely necessary
____Enjoys studying and learning

COMMITMENT TO DIVERSE NEEDS
____Often shows insensitivity
____Usually models dignity and respect
____Values diversity and fairness

COMMITMENT TO POSITIVE RELATIONSHIPS
____Often works against relationship building
____Usually displays good cooperative skills
____Uses good judgment and collaborative skills

1. a. Please comment on the candidate’s potential for success as a school leader.

b. Please comment on the leadership shown by the candidate in other community leadership arenas or other opportunities.
2. Please comment on the candidate’s involvement with initiating assistance with teachers and students, in order to improve their academic skills or support the efforts of other stakeholders.

3. Please give your evaluation of the applicant's ability to successfully pursue graduate study. Please comment on particular strengths and/or weaknesses of which you are aware.

How do you rate this applicant?

____Highly Recommend; ____ Recommend; ____ Recommend with Reservations; ____ Do Not Recommend

Print Your Name:______________________________________________________________

Position or Title:_____________________________________________________________

School/Place of Employment:_____________________________________________________

Address:_____________________________________________________________________

City/State/Zip:________________________________________________________________

Signature of Recommender:_________________________ Date:_____________________

Thank you for completing this recommendation. Please put this completed form in an envelope provided by the applicant and return it to the graduate program office at the address below:

Union University – Germantown
Graduate Studies in Education
Attention: Terri Richmond, Coordinator
2745 Hacks Cross Road
Germantown, TN 38138-7507
FINANCIAL AID INFORMATION FOR ONLINE MED APPLICANTS

How to Apply for Graduate and Adult Studies
Financial Assistance at Union University:

1. Complete and return the enclosed Graduate Application for Financial Assistance.

2. Complete the Free Application for Federal Student Aid (FAFSA)

   Priority Deadlines:
   Fall 2013-July 15th (2013/2014 FAFSA *2012 Tax Return)
   and again for

   A. Go to www.pin.ed.gov to obtain your PIN with the US Dept. of Education. The PIN
   serves as your signature for the FAFSA.
   B. Go to www.fafsa.ed.gov to complete the FAFSA using your PIN.
      (You will need your Income Tax Return.)
   C. Place Union’s Title IV School Code, 003528, in Step Six, Line 86.
   D. Answer "YES" to question number 27 on the FAFSA.

3. Applying for a Direct Federal Stafford Loan (Student Loan).

   To apply for a Direct Stafford Loan www.uu.edu/financialaid/graduate/howtoapply.cfm:

   A. First-time Stafford Loan Borrower at Union
      1. Return Award Letter to Ms. Hardy at the Germantown Campus
      2. Direct Federal Stafford Loan
         A. E-Sign Direct Stafford Master Promissory Note at
            www.studentloans.gov
         B. Complete Direct Stafford Loan Entrance Counseling
            www.studentloans.gov
   B. Returning Stafford Loan Borrower at Union
      1. Return Award Letter to Ms. Hardy at the Germantown Campus

4. Receive your Award Letter

   A. Keep this letter.
   B. If you choose to reduce or decline an award, please indicate and return a copy to
      Margaret Hardy at the Germantown Campus
   C. If you will be receiving aid from outside sources, you must complete the
      Documentation of Outside Assistance

5. Contact Margaret Hardy, Financial Aid Representative for the Germantown
   Campus to check your status (mhardy@uu.edu)

   **If you have not completed the required financial aid documents by registration,
   you must pay ¼ of spring tuition at registration.**
Graduate Application for Financial Assistance

Please fill out completely and return to: Union University Office of Student Financial Planning, Jackson, TN 38305

Term Start Date (month/year): _____________________

Full Name: _____________________________________________

______________________________________________________________

Date of Birth: ______ / ______ / _____________ Student ID or Social Security Number ______________________

Permanent Home Address: _____________________________________________

Street
City State Zip

Cell/Work Phone: (______)________ - ___________________ Home Phone: (______)________ - ___________________

Email Address: _____________________________________________

Please Note: Our office uses email to communicate important information regarding your aid status. Be sure to check your assigned Union email address regularly.

Major/Program of Study: _____________________________________

Campus Location: ____________________________________________

List below other resources not awarded by Union that you will receive while enrolled. In addition, please complete the Supplemental Application for Financial Assistance @ www.uu.edu/financialaid. (i.e., Vocational Rehabilitation, Veteran’s Benefits, Employer Reimbursement)

Source: __________________ Yearly Amount: __________________

Source: __________________ Yearly Amount: __________________

Source: __________________ Yearly Amount: __________________

Annual reports indicating compliance with the Student Right-to-Know and Campus Security Act are available in the Office of Safety and Security during regular office hours. Admission to the University does not automatically guarantee admission to specific academic programs within the University. In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not illegally discriminate on the basis of race, sex, color, national origin, age, disability or military service in admissions; in the administration of its educational policies, programs, or activities; or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact the Office of the President, Union University.

THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student’s Signature: ___________________________________________ Date: _____________________

Office of Student Financial Planning
1050 Union University Drive • Jackson, TN 38305-3697
www.uu.edu/financialaid • Phone 731.661.5015
Fax 731.661.5570 • finaid@uu.edu