SAINT MARY-OF-THE-WOODS COLLEGE
MASTER OF LEADERSHIP DEVELOPMENT PROGRAM
RECOMMENDATION

INSTRUCTIONS FOR THE APPLICANT

Please make copies of this form and complete the waiver of access and applicant/recommender information before sending this from to your recommenders. Also provide your recommenders with an addressed and stamped envelope for their convenience.

WAIVER OF ACCESS

The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this recommendation to sign a waver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver, the lack of a signature implies that the person for whom this recommendation is being written shall have the right to read this recommendation in the Office of the Leadership Development Program.

Applicant's Signature: _____ Date _____
(Please use black ink)

APPLICANT/RECOMMENDER INFORMATION

Applicant's Name _____
First Middle Last Married/Maiden

Address _____
Street & Number City County State Zip

Recommender's Name _____

Recommender's Employer and Title _____

Recommender's Address _____
Street & Number City County State Zip

RECOMMENDATION

How long have you known the applicant? _____

In what capacity(s)? _____

Use the following scale to evaluate the applicant in each area listed below.
1. Below Average 2. Average 3. Above Average 4. Outstanding NA-No Data Available

____ Speaking Ability ____ Writing Ability ____ Creativity ____ Perseverance
____Dependability _____Judgment ____Initiative _____Ability to Work with Others
____Ability to Work Independently ____Integrity ____Potential for Graduate Work
____ Leadership

Please submit a written assessment of the applicant's preparation and aptitude for success in the Office of the Leadership Development Program.

Signature _____ Date _____

Please return the completed recommendation to: Office of Distance Education Admission
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, IN 47876