

Letter of Recommendation

DOCTORATE OF EDUCATION IN LEADERSHIP FOR THE ADVANCEMENT OF LEARNING AND SERVICE

This form must be signed by both the applicant and the person making the recommendation.

Name of Applicant: _____

Street _____

City _____ State _____ Zip Code _____

The person named above is seeking admission to the Ed.D. Program in Leadership for the Advancement of Learning and Service. In preparing your recommendation please verify, if appropriate, the present leadership position of the applicant. Also address the leadership potential of the applicant and, to the best of your ability, the likelihood of the applicant succeeding in a program requiring a considerable amount of independent study and serious academic work. Do not complete the recommendation if the information below has not been completed and signed by the applicant. If you write a separate letter, you must complete the information on this form and attach the letter. Do not return this form to the applicant. Please mail the statement directly to Graduate Admissions, Cardinal Stritch University, 6801 N. Yates Rd., Box 437, Milwaukee, WI 53217.

APPLICANT TO COMPLETE:

Information Waiver to be completed by applicant before giving it to source of reference. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I DO _____, I DO NOT _____ waive the right to inspect and review this completed recommendation.

Applicant's Social Security Number _____

Applicant's Signature _____

Please attach a written assessment of the applicant and complete the evaluation on the back of this sheet. The person writing the recommendation letter must complete the following section:

Signature _____ Date _____

Name _____ Position _____

Address _____ Telephone _____
Street

City _____ State _____ Zip Code _____

PLEASE RATE THIS APPLICANT IN COMPARISON WITH OTHER STUDENTS/PROFESSIONALS YOU HAVE KNOWN IN THE SAME CAPACITY:

	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills of Analysis and Synthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity of Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any of these categories that you think would be helpful in assessing the applicant's qualifications for the program:

Evaluator's Signature

Date

Thank you for your cooperation in helping us to assess the above applicant.
Please return this form to: Cardinal Stritch University
Office of Graduate Admissions
6801 N. Yates Rd.
Milwaukee, WI 53217