

Letter of Recommendation

Doctorate of Philosophy Higher Education Leadership

NOTRE DAME OF MARYLAND UNIVERSITY

SCHOOL OF EDUCATION

To be completed by applicant							
Legal Name:							
	Last	First	Middle				
Address:							
	Street						
	City	State	Zip				

To be read by the applicant and recommender

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Notre Dame of Maryland University
have access to their admission records, including letters of recommendation. Students may waive their right to see letters
of recommendation, whereupon such letters will be held in confidence. If the applicant, has not signed a waiver, it is
assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Notre
Dame of Maryland University, may request to see the letter. The choice to retain or to waive right of access will not affect
consideration of the application for admission. Be advised that a letter of recommendation not accompanied by a waiver
form signed by the applicant is considered accessible by the applicant, according to the Family Educational Rights and
Privacy Act of 1974.
I retain my right of access to this recommendationI waive my right of access to this recommendation

Signature of applicant:

To be completed by the recommender

	Last	First	Middle			
School / Compan	ıy:					
Address:						

Over, Please.

The person named above is applying for admission to the Doctorate Program: Higher Education Leadership. Notre Dame of Maryland University appreciates your evaluation of this applicant's capacity for success as a graduate student undertaking advanced study in his or her field. Those submitting Letters of Recommendation should be familiar with the applicant's professional and/or academic work.

How long, and in what capacity, have you known the applicant?_____

Please rate the applicant in comparison with other students known to you who have applied for admission to graduate school. (Use a number from 1-5 with 5 being "strongest" and 1 being "weakest." Check the last column if unable to make a judgment.

Quality	5	4	3	2	1	Unable to make a judgment
Research capacity						
Intellectual capability						
Breadth of general knowledge						
Ability in oral expression						
Imagination or probable creativity						
Potential for reflective practice						
Conceptual / critical thinking skills						
Leadership ability						
Interpersonal skills						
Personal maturity						
Perseverance						

Please give the applicant's relative standing in your department or program:____

For example 7th of 89, top 5%, etc

How do you rate this applicant in overall ability and promise in comparison with other students at the same level of training?

○ Superior ○ Excellent ○ Average ○ Marginal ○ Questionable ○ Not able to judge

If the applicant's native language is not English, please evaluate English proficiency:

 \bigcirc Excellent \bigcirc Good \bigcirc Fair \bigcirc Poor

Signature of recommender:_____

Date:

Please attach a separate sheet of paper to include additional information