

# **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 7<sup>th</sup> 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