



Educational Doctorate in Professional Leadership

RECOMMENDATION FORM

Name of Candidate _____

Under the provisions of the Family Educational Rights & Privacy Act of 1974, the candidate has the option of waiving or not waiving the right of access to evaluation. The choice of this candidate is indicated below.

I do not waive my right of access to this evaluation.

Signature of Candidate

I hereby waive my right of access to this evaluation.

Signature of Candidate

Please evaluate this candidate below:

Table with 6 columns (Outstanding, Very Good, Average, Poor, No Knowledge) and 7 rows (Academic/intellectual ability, Decision-making ability, Leadership ability, Cooperation, Responsibility, Attention to detail, Commitment to the profession)

General comments/evaluation: (Use back of form for additional comments.)

To the reference: Please use the above space for your evaluation and forward this form to Graduate Admissions, 580 E. Main Street, Spartanburg, SC 29301 or email to graduate@converse.edu.

Name of Reference

Signature of Reference

Position

Organization

Address

Phone

City, State, Zip

Date

Converse College does not discriminate in admissions or employment on the basis of race, color, sex, national or ethnic origin, age, sexual orientation, religion or disability. Converse admits only women to undergraduate programs and services in accordance with its historical mission.