



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:

	Outstanding	Very Good	Average	Poor	No Knowledge
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 email to graduate@converse.edu.

Name of Reference _____

Signature of Reference _____

Position _____

Organization _____

Address _____

Phone _____

City, State, Zip _____

Date _____

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