



Master in Management in Professional Leadership (MIM)

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					

Please use the below space for your evaluation comments and forward this form to graduate@converse.edu.

Name of Reference

Signature of Reference

Position

Organization

Address

Phone

City, State, Zip

Date