



**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					

**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](mailto:graduate@converse.edu).

\_\_\_\_\_  
**Name of Reference**

\_\_\_\_\_  
**Signature of Reference**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Date**

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