

EDUCATIONAL LEADERSHIP RECOMMENDATION FORM

COLLEGE OF EDUCATION



Recommendation for admission to the Educational Leadership programs: Master of Arts and Doctor of Education

To the student: Please complete Section One and print the name of the person making the recommendation in Section Two and have that person complete and return the form to the Office of Admission (address at the bottom of this form).

Section One – Student Information and Release

Name: _____ SSN: _____/_____/_____

Program applying to: Master of Arts in Educational Leadership Doctor of Education in Educational Leadership

Campus of planned enrollment: Chicago Campus Schaumburg Campus Off-Site Cohort

Public Law 93-380 permits the student to inspect this recommendation.

I hereby waive my right to inspect this document: Yes No

Signature: _____ Date: _____

Section Two – Recommendation

Name: _____ Institution: _____

I. I have known the applicant for _____ months; _____ years. Capacity in which I know the applicant:

Supervisor Teacher Other (please specify): _____

II. This student is applying for admission to the Educational Leadership program area of Roosevelt University.

Please rate the student on his/her qualities by circling your responses below.

Scale: A=Superior; B=Above average; C=Average; D=Below average; X=Inadequate opportunity to observe

1. Exhibits leadership ability:	A	B	C	D	X
2. Takes initiative; is a self-starter:	A	B	C	D	X
3. Has ability to make difficult decisions:	A	B	C	D	X
4. Is cooperative; displays collegialty:	A	B	C	D	X
5. Displays ethical behavior:	A	B	C	D	X
6. Displays dedication to tasks:	A	B	C	D	X
7. Displays competence in current position:	A	B	C	D	X
8. Is committed to the interest of students:	A	B	C	D	X
9. Is dedicated to lifelong learning:	A	B	C	D	X
10. Shows skills in verbal/written communication:	A	B	C	D	X

III. On your letterhead, please state your opinion of the applicant's ability to pursue graduate study as well as the individual's leadership potential and characteristics appropriate for a position in educational administration.

Signature and title: _____

Address: _____

Please submit this recommendation form and letter to the Office of Admission at the campus specified by the applicant (address below). Recommendation form and letter for off-site applicants should be submitted to the Schaumburg Campus.

ROOSEVELT UNIVERSITY

CHICAGO CAMPUS 430 S. Michigan Ave., Chicago, IL 60605-1394 1-877-APPLY RU Fax (847) 619-8636
SCHAUMBURG CAMPUS 1400 N. Roosevelt Blvd., Schaumburg, IL 60173-4348 1-877-APPLY RU Fax (847) 619-8636