

■ Letter of Recommendation (Academic Area) ■

TO THE APPLICANT :

Complete the information below and send this form with an official return envelope to the below named evaluator. Type your name and the return address on the return envelope and, when it has been returned to you, include the sealed envelope among your application materials. (Return envelope is not provided with application form package.)

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE EVALUATOR.

Applicant's Name :

Address :

NAME OF EVALUATOR :

In order to allow the evaluator to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured however, that the signing of this statement is optional. Refusal to sign the statement will not be used negatively in the admissions process.

I hereby waive my right of access to this letter of recommendation.

Signature of Applicant Date :

TO THE EVALUATOR :

The above named person is applying for admission to Master's Degree Program on Community Development Leadership. Your candid evaluation of this applicant will help the Admissions Office understand the applicant's potential qualifications for Master's Degree Program.

Please complete this form and enclose it in the envelope provided. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Admissions Office.

EVALUATION :

1. How long have you known the applicant? _____

In what capacity? _____

2. What characteristics do you consider as the strengths of the applicant?

3. What characteristics do you consider as the weaknesses of the applicant?

4. Do you recommend this applicant for Master's Program on Community Development Leadership?

☐ **Highly Recommend**

☐ **Recommend**

☐ **Recommend with Reservation**

☐ **Do Not Recommend**

5. Please feel free to provide further statements or explanations on separate sheets of paper.

Name of evaluator :

Title of Position :

Institution :

Telephone :

Address :

Zip Code :

Signature :

Date :

■ Letter of Recommendation (Professional Area) ■

TO THE APPLICANT :

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Applicant's Name :

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NAME OF EVALUATOR :

In order to allow the evaluator to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured however, that the signing of this statement is optional. Refusal to sign the statement will not be used negatively in the admissions process.

I hereby waive my right of access to this letter of recommendation.

Signature of Applicant Date :

TO THE EVALUATOR :

The above named person is applying for admission to Master's Degree Program on Community Development Leadership. Your candid evaluation of this applicant will help the Admissions Office understand the applicant's potential qualifications for the Master's Degree Program.

Please complete this form and enclose it in the envelope provided. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Admissions Office.

EVALUATION :

1.How long have you known the applicant? _____

In what capacity? _____

2.What characteristics do you consider as the strengths of the applicant?

3. Please rate the applicant on the following characteristics

	Very High		Average		Low
Leadership Ability	1	2	3	4	5
Self Confidence	1	2	3	4	5
Social Relationship	1	2	3	4	5
Maturity	1	2	3	4	5
Intellectual Ability	1	2	3	4	5
Motivation	1	2	3	4	5
Moral Character	1	2	3	4	5
Mental Health	1	2	3	4	5
Responsibility	1	2	3	4	5

4. What characteristics do you consider as the weaknesses of the applicant?

5. Do you recommend this applicant Master's Degree Program on Community Development Leadership?

- ☐ Highly Recommend ☐ Recommend
☐ Recommend with Reservation ☐ Do Not Recommend

6. Please feel free to provide further statements or explanations on separate sheets of paper.

Name of evaluator :

Title of Position :

Institution :

Telephone :

Address :

Zip Code :

Signature :

Date :