

Organizational Leadership Degree and Certificate Recommendation Form

Applicant's Name _____

This is a confidential recommendation. **Original** documents must be sent directly to the Office of Graduate Admission. If the applicant has requested to view this recommendation, and you have agreed to grant her/his request, please send a **copy** of your recommendation to the applicant.

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1. I have known the applicant as ___ a student ___ a colleague ___ an employee ___ other _____
2. I have known the applicant for a period of ___ years ___ months in my position as _____
3. My appraisal of this applicant is based approximately from dates _____ to _____

Rating Scale Key	Excellent	Good	Average	Below Average	Poor	N/A
Motivation for graduate work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Ability to make mature judgments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Oral communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Written communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Ability to collaborate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Promise as a researcher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
Cultural awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A

4. In my opinion, her/his chance of succeeding in a graduate program is:

Very Poor
1 2 3

Average
4 5 6

Excellent
7 8 9

5. I recommend this applicant:

With Reservation
1 2 3

Recommend
4 5 6

Highly Recommend
7 8 9

6. Please provide a statement that addresses the applicant's potential for leadership and ability for graduate study. Include experience, skills, intelligence, professional development, education and personal qualities that may have a bearing on the applicant's success in a graduate program in leadership.

Thank you for your willingness to provide this assessment.

Name _____ Title _____

Name of organization _____

Business address _____

City _____ State _____ ZIP _____

Email address _____

Business telephone (_____) _____

By checking this box, I certify that I am the individual who completed all sections of this recommendation, and I understand that the University may contact me to verify its authenticity.

Date _____
mm/dd/year

St. Catherine University admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the University.

**Print and mail to: St. Catherine University, Office of Graduate Admission, Mail 4027
2004 Randolph Avenue, St. Paul, MN 55105**

OR save and email as an attachment to: graduate_study@stkate.edu