

Doctor of Education in Leadership Program Recommendation for Admission

Applicant

Please type or print in ink.

Name last first middle former names

Permanent home address street city state zip

Mailing address (if different from above)

Phone Fax E-mail

Name of reference

Title Organization

Applicant's access waiver: Please note that the following waiver is not required as a condition of admission or for receipt of financial aid or any other services and benefits from the Lewis & Clark Graduate School of Education and Counseling.

I waive my right, provided by the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), to examine this letter.

Applicant signature Date

Recommendation Writer

Please type or print in the spaces below. Recommendations written on letterhead may also be attached. Please complete both sides of this form.

You have been asked to serve as a reference for an applicant to the Doctor of Education in Leadership at the Lewis & Clark Graduate School of Education and Counseling. We seek your candid appraisal of the applicant's personal qualities, academic potential, and professional promise. Please be objective, frank, and specific regarding both the strengths and the limitations of the candidate. (Please note that the applicant may see this letter unless he or she has signed the above waiver.) Thank you for your help.

How long have you known the candidate and in what capacity?

Please assess the potential of this candidate to complete an intensive academic program.

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Please share the evidence that led to your conclusions about the academic potential of this candidate.

Please assess the potential of this candidate to make an important contribution as a leader.

What else is important for us to know about this candidate?

How would you recommend this candidate to the Doctor of Education in Leadership Program at the Lewis & Clark Graduate School of Education and Counseling?

- Strongly recommend
- Recommend
- Recommend with reservation (Please express your reservations in the space provided below.)
- Do not recommend

Yes No If additional information regarding this candidate is desired, would you be willing to be contacted by phone?

Reference's name _____ Phone _____

Title _____ Organization _____

Address street _____ city _____ state _____ zip _____

Signature _____ Date _____

Please mail this recommendation to:

Office of Admissions, MSC 87
Lewis & Clark Graduate School
of Education and Counseling
0615 S.W. Palatine Hill Road
Portland, Oregon 97219-7899