Student Recommendation
School Leadership Program, Department of Educational Leadership, Miami University

To be completed by student.

Please fill in your name and address below and give this form to the individual you have chosen to write on your behalf. The recommender should complete the form and return it to the Admissions Committee, School Leadership Program, 350 McGuffey Hall, Miami University, Oxford, Ohio  45056.

Name of applicant ______________________________________________________________

Address _______________________________________________________________________
____________________________________________________________________________

To the Recommender

The information you are providing concerning the above named applicant is considered an important part of the application process. Your time and thoughtfulness in furnishing this information are greatly appreciated.

Recommendations are used for admissions purposes only and do not become part of the permanent record file upon a student's matriculation. Therefore recommendations are not subject to the provisions of the Family Educational Rights and Privacy Act of 1974. Applicants will not have access to their letters of recommendation.

How long have you known the applicant and in what capacity?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What characteristics or attributes best describe the applicant?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is your assessment of the applicant's potential for successful leadership?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

OVER
In terms of qualities listed below, please give us your appraisal of the applicant. (Indicate with a check (✓) mark.)

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<th>Exceptional</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<tbody>
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<td>Analytical Ability</td>
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<td>Ability to Work with Others</td>
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<td>Administrative Potential</td>
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Overall Rating:

__ Strongly Recommend  __ Recommend  __ Recommend with Reservations  __ Do Not Recommend

Please give your evaluation of this applicant, including observations bearing upon his or her character and academic promise. If the space below is inadequate, or if you would prefer to respond by letter, please do so.

________________________________________________ _____________________
Recommender Date

________________________________________________ _____________________
Position School

________________________________________________ _____________________
School District Phone