



NOTRE DAME
OF MARYLAND
UNIVERSITY

SCHOOL OF EDUCATION

Letter of Recommendation

Doctorate of Philosophy
Instructional Leadership for
Changing Populations

Please print or type and mail to:
Doctoral Admissions Review Committee
Notre Dame of Maryland University
School of Education
4701 North Charles Street
Baltimore, MD 21210

To be completed by applicant

| | | | |
|-------------|--------|-------|--------|
| Legal Name: | _____ | | |
| | Last | First | Middle |
| Address: | _____ | | |
| | Street | | |
| | _____ | | |
| | City | State | Zip |

To be read by the applicant and recommender

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Notre Dame of Maryland University have access to their admission records, including letters of recommendation. Students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant, has not signed a waiver, it is assumed that this letter is submitted with the recommender’s understanding that the applicant, once registered at Notre Dame of Maryland University, may request to see the letter. The choice to retain or to waive right of access will not affect consideration of the application for admission. Be advised that a letter of recommendation not accompanied by a waiver form signed by the applicant is considered accessible by the applicant, according to the Family Educational Rights and Privacy Act of 1974.

_____ I retain my right of access to this recommendation _____ I waive my right of access to this recommendation

Signature of applicant: _____

To be completed by the recommender

| | | | |
|-------------------|-------|-------|-------------------|
| Name: | _____ | | |
| | Last | First | Middle |
| School / Company: | _____ | | |
| Title: | _____ | | Department: _____ |
| Address: | _____ | | |
| | _____ | | |

This form is to be returned to the above address

Over, Please.

The person named above is applying for admission to the Doctorate Program: Instructional Leadership for Changing Populations. Notre Dame of Maryland University appreciates your evaluation of this applicant's capacity for success as a graduate student undertaking advanced study in his or her field. Those submitting Letters of Recommendation should be familiar with the applicant's professional and/or academic work.

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

Please rate the applicant in comparison with other students known to you who have applied for admission to graduate school. (Use a number from 1-5 with 5 being "strongest" and 1 being "weakest." Check the last column if unable to make a judgment.)

| Quality | 5 | 4 | 3 | 2 | 1 | Unable to make a judgment |
|---------------------------------------|---|---|---|---|---|---------------------------|
| Research capacity | | | | | | |
| Intellectual capability | | | | | | |
| Breadth of general knowledge | | | | | | |
| Ability in oral expression | | | | | | |
| Imagination or probable creativity | | | | | | |
| Potential for reflective practice | | | | | | |
| Conceptual / critical thinking skills | | | | | | |
| Leadership ability | | | | | | |
| Interpersonal skills | | | | | | |
| Personal maturity | | | | | | |
| Perseverance | | | | | | |

Please give the applicant's relative standing in your department or program: _____
For example 7th of 89, top 5%, etc

How do you rate this applicant in overall ability and promise in comparison with other students at the same level of training?

- Superior
 Excellent
 Average
 Marginal
 Questionable
 Not able to judge

If the applicant's native language is not English, please evaluate English proficiency:

- Excellent
 Good
 Fair
 Poor

Signature of recommender: _____ Date: _____

Please attach a separate sheet of paper to include additional information



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