

DOCTOR OF ORGANIZATIONAL LEADERSHIP RECOMMENDATION FORM



To Applicant: Please complete the upper portion of the Recommendation Form and forward it to an individual who is acquainted with your professional and leadership experience. Please type or print.

Name of Applicant _____
 Home Address (Street, R.R., or PO Box) _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. Failure to check the box below and sign will constitute a waiving of rights to inspect the contents of the following recommendation.

I do not waive my rights to inspect the contents of the following recommendation.

Signature of Applicant _____ Date _____

RECOMMENDER

This section to be completed by reference respondent.

(Note: Confidentiality of recommendations cannot be guaranteed unless applicant waives right of access.)

Directions to Recommender: The person named above is applying for admission to the Doctoral Program at Indiana Wesleyan University. Please complete Section A and Section B of this form. **Only recommendations with completed sections A and B will be considered by the Admissions Committee.**

SECTION A: Please indicate (✓) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

ABILITIES AND COMPETENCIES	OUTSTANDING TOP 5%	VERY GOOD TOP 10%	GOOD TOP 25%	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
Is a self-directed learner						
Intellectual capabilities						
Is trustworthy						
Analytical ability						
Quality of oral expression						
Quality of written expression						
Ability to work with others						
Emotional maturity						
Perseverance						
Leadership Potential						
Manages time and daily work effectively						
Shows initiative						

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SECTION B: How long have you known the applicant and in what capacity? _____

What do you consider the applicant's strengths? _____

Please describe any weaknesses that you believe might impede the applicant's ability to pursue rigorous study at the PhD level.

Please describe a specific situation in which you have observed the applicant using his or her leadership skills in an organizational context.

Please comment on anything else you think would be helpful to the admissions committee.

Name of Respondent _____
(Please print or type)

Position/Title _____

Institution/Organization _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Primary Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Signature _____ Date _____

Please return completed form to:

Email: recommendations@indwes.edu

Indiana Wesleyan University

Graduate Admissions - Doctorate of Organizational Leadership

1900 West 50th Street

Marion, IN 46953

Fax: 765.577.7501

Phone: 866.498.4258