



This applicant is seeking admission to the master's degree program in educational leadership. This recommendation form will be placed in the applicant's academic file at IPFW. Please see reverse side for information regarding confidentiality. Your time and effort in completing this recommendation form are appreciated. If you have questions or concerns, please contact the graduate secretary at 260-481-6861.

Applicant's Name _____

Your Name _____

Title/Relationship with Applicant _____

Your Address _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? _____very well _____fairly well _____not very well

3. Please rate the applicant in each of the following areas with a check in the appropriate box.

Table with 5 columns: Description, Very poor description of applicant, Poor description of applicant, Good description of applicant, Very good description of applicant. Rows include: Open to new ideas, Committed to achieving a graduate degree, Has clear career goals, Relates well with a variety of people, Self-Motivated, Presents self in genuine manner, OVERALL RECOMMENDATION (Potential as an educational leadership graduate).

4. On a separate sheet, please include a letter describing your assessment of the applicant's abilities or potential as an educational leadership graduate student. When possible, please provide specific details. NOTE: the recommendation will not be considered without the accompanying letter.

5. Please send to:

Graduate Secretary

IPFW Educational Leadership Program

Neff Hall, Room 240

2101 East Coliseum Boulevard

Fort Wayne, IN 46805-1499

Confidentiality Preference Form

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 (PL 93-380) makes official records available to adult students. This law also permits the student/applicant to waive the right of access to the recommendation requested in this form. The primary effect of this law gives the student the right to review any information contained in their graduate advisement folders. Students may review material in such folders within 45 days after they make a request. However, the student does have the right to choose whether he/she wishes to have some material, such as recommendation forms, remain confidential.

Applicant Name _____ Date _____
(Printed or Typed)

Name _____
(Signature)

Address _____

TO THE RATER: The above applicant has applied to the Educational Leadership Program at Indiana University– Purdue University Fort Wayne. Please see the reverse side for information about this recommendation form.
