

MASTER OF SCIENCE IN ORGANIZATIONAL LEADERSHIP

Recommendation Form

GENEVA COLLEGE DEPARTMENT OF LEADERSHIP STUDIES

To be completed by the applicant.

Name of applicant _____

The Family Rights and Privacy Act of 1974 permits the student to sign a waiver relinquishing the right to review this reference. Those writing letters of recommendation and those accessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or decline to do so. Please indicate your choice and sign your name.

- I waive my right to review this reference.
- I do not waive my right to review this reference.

Signature _____ Date _____

To be completed by the evaluator.

Please complete the following by checking the category for each item that most accurately reflects your evaluation of the applicant.

	Well above average	Above average	Average	Below average	No basis for judgement
1. Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Creative problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Self motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrity/ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Openness to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Balances life's demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Potential to complete a masters degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Interest in academic learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. I recommend the applicant for admission without reservation.
 I recommend the applicant for admission with reservation.
 I do not recommend the applicant for admission.

4. I support the applicant's pursuit of this degree. Yes No

Feel free to comment in the space below or attach a letter to communicate anything else that would assist us in the evaluation of the applicant. PLEASE NOTE: An otherwise qualified applicant will not be negatively affected if you choose not to do so.

Signature of evaluator _____ Date _____

Print name of evaluator _____ Title _____

Organization _____ Phone number _____

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