

**HIGHER EDUCATION LEADERSHIP PROGRAM
UNIVERSITY OF ARKANSAS
116B GRADUATE EDUCATION BUILDING
FAYETTEVILLE, AR 72701
Phone (479) 575-4758
Fax (479) 575-3319**

Name of Applicant: _____ Phone: _____
(Print or Type) (Home Number)

To: _____
(Print or type name of person who is to complete this form)

Directions for Letter of Recommendation

TO THE APPLICANT: This form should be given to persons able to comment on your qualifications for graduate study. For the convenience of the person completing this form, it is suggested you include a stamped, self-addressed envelope.

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your choice to waive your right of access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice, and sign your name.

- I waive my right to review this recommendation.
 I do **not** waive my right to review this recommendation.

Applicant's signature _____ Date _____

TO THE PERSON COMPLETING THIS FORM:

I am applying for admission to the _____ Master's, or _____ Doctoral degree graduate program in the field of Higher Education in the College of Education and Health Professions at the University of Arkansas, Fayetteville. I would appreciate having you as a reference. If you agree, please complete the information requested and return the form directly to the address at the top of this form.

1. I have known the applicant for approximately _____ years.

2. I know the applicant: Slightly Fairly well Very well.

3. I have known the applicant:

- as a graduate student as a teaching/research assistant
 as an undergraduate student as an advisee
 other (please specify relationship) _____

RECOMMENDATION

Directions: Please rate the applicant on the dimensions described below. Use as a frame of reference other persons you have known as successful students/graduates of comparable graduate programs of which you are aware. (Check the SCALE column which best reflects your rating of this applicant.)

DIMENSIONS

SCALE

<p>INTELLECTUAL CAPACITY: Includes such things as the breadth of academic and general knowledge.</p> <p>INDUSTRY AND APPLICATION: Includes such things as initiative, willingness to work, persistence, quality of work produced, work habits (planning and management of time).</p> <p>CREATIVITY/ORIGINALITY: Includes the ability to conceptualize ideas and imagine new solutions to problems/opportunities.</p> <p>ORAL COMMUNICATION: Includes ability to present ideas in small groups or formal presentations</p> <p>WRITTEN COMMUNICATION: Includes written expression skills of clarity, correctness, and succinctness.</p> <p>INTERPERSONAL SKILLS: Includes ability to establish and maintain personal and professional relationships.</p> <p>LEADERSHIP SKILLS: The ability to influence others so that they strive willingly and enthusiastically toward the accomplishment of objectives.</p> <p>ANALYSIS: The ability to see the relationship(s) among variables relevant to a situation.</p> <p>INTEGRITY: The ability to inspire trust, stand on principles and maintain ethical standards in one's work and relationships.</p> <p>ENERGY: The ability to maintain vigor and vitality.</p> <p>PROFESSIONAL PROMISE/POTENTIAL: Includes a commitment to the field of study, motivation to achieve (Your assessment of professional promise).</p> <p>OVERALL ENDORSEMENT: Indicate your overall endorsement of the applicant.</p>	Exceptional	Above Average	Acceptable	Definitely Lacking	No Basis For Judgment
	Self-Motivated	Above Average	Acceptable	Lacks Motivation	No Basis For Judgment
	Consistently Exceptional	Above Average	Occasionally	Content with Status Quo	No Basis For Judgment
	Exceptional	Highly Effective	Acceptable	Has Difficulty	No Basis For Judgment
	Exceptional	Highly Effective	Acceptable	Has Difficulty	No Basis For Judgment
	Exceptional	Highly Effective	Acceptable	Has Difficulty	No Basis For Judgment
	Definitely a Leader	Frequently a Leader	Occasionally a leader	Normally a follower	No Basis For Judgment
	Exceptional	Above Average	Acceptable	Definitely Lacking	No Basis For Judgment
	Exceptional	Above Average	Acceptable	Definitely Lacking	No Basis For Judgment
	Exceptional	Above Average	Acceptable	Definitely Lacking	No Basis For Judgment
Exceptional	Good	Fair	Definitely Lacking	No Basis For Judgment	
Highly Recommend	Recommend	Recommend with Reservations	Not Recommended	No Basis for Comments on Recommendation	
Please amplify and/or clarify any of the above or indicate other information which you believe would be relevant to consideration of this applicant to pursue the Master's, Educational Specialist or Doctoral Degree in Higher Education					

Signature of person completing this form: _____ Phone # _____

Title and institution: _____

Address: _____

(Street)

(City)

(State & Zip Code)

Thank you for completing this rating. Please mail directly to the address on the front of the recommendation form.