



# Recommendation for Admission

## School of Leadership and Continuing Studies

Dominican University  
7200 West Division  
River Forest, IL 60305

Phone: 708.714.9125  
Fax: 708.714.9126

**Complete top portion  
before mailing to your  
reference**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Waiver: I understand that under Dominican University's policy on confidential record, I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I HEREBY EXPRESSLY WAIVE MY RIGHT TO EXAMINE OR HAVE ACCESS TO THIS RECOMMENDATION. I understand that this recommendation will be used only in connection with my application for admission to the School of Leadership and Continuing Studies. A list of names of persons supplying the university confidential recommendations will be given to me at my written request. I understand that signing the waiver is not a condition of admission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Evaluation of Applicant

The person named above has requested admission to the School of Leadership and Continuing Studies at Dominican University. Unless the above waiver is signed by the applicant, this evaluation is not confidential.

Please rate this applicant on the following qualities:

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Oral Communication Skills						
Written Communication Skills						
Motivation						
Interpersonal Skills						
Organizational Skills						
Imagination/Creativity						
Problem-Solving Skills						

How long and in what capacity have you known this person?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete  
both sides  
of form**

What is your assessment of this person's suitability for graduate study?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please evaluate the applicant's intellectual ability, leadership skills and management potential**

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: School of Leadership and Continuing Studies  
Dominican University  
7200 West Division  
River Forest, Illinois 60305

Phone: 708.714.9125 Fax: 708.714.9126