

Recommendation Form for Graduate Studies

This section to be completed by the applicant (please print) Please give this form to the person writing the recommendation. Ask the writer to return the completed form to you in a sealed envelope. Using the envelope provided with the application packet is optional. Breaking the seal will render this recommendation not confidential.				
Name and title of recommender				
Relationship of recommender to applic	cant			
	ess to this form unless (1) you waive you	nce with the Family Educational Rights and Privacy Act (FERPA), after you right to access; OR (2) your program routinely destroys recommendations		
		ll never be able to see this recommendation. ted, but I understand it may not be available if my program routinely destroys		
As a recommender for an appl	icant to the Master of Fine Arts in Arts L	eadership program, please complete this section.		
would appreciate your candid op	oinion regarding the qualifications listed be the recommendation with additional comm	ership program. To assess the appropriateness of our program for this person, we low. If there is any item for which you have little or no evidence, please indicate. ments, attach a separate sheet. Please indicate your evaluation of the applicant by		
1 = Outstanding	2 = Above Average 3 = Average	4 = Below Average 5 = No Chance to Observe		
	Leadership qualities	Written communications		
	Potential for significant contribution to the arts sector	Oral communications		
	Managing people skills	Integrity		
	Financial/Budgeting skills	Creativity		
	Resource development skills	Initiative		
	Organization and planning	Judgment		

2. What are the applicant's strengths as you see them?				
2 W/I 1	1. 310 0.2			
3. What are the ap	plicant's limitations as you see them?			
4. Other comment	s:			
5. Check one:	☐ I strongly recommend the applicant for admission.			
	☐ I recommend the applicant for admission with some reservation.			
	☐ I do not recommend the applicant	for admission.		
Signature of recommender		Date		
Name of recommender		Title	Phone	
		B		
Institution		Email Address		

Please make a photocopy for your records. Return completed form before deadline to:

Graduate Admission Office Seattle University 901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090

Address

City, State, Zip