

BALDWIN WALLACE UNIVERSITY

MAEd Leadership in Higher Education Recommendation Form



To the Applicant:

This recommendation form can be given to an individual you have asked to provide either a professional or personal recommendation for you. You may select a former faculty member, college/university administrator, job/professional supervisor or community leader with whom you have worked. When possible, the recommendation should come from someone who has worked with you in a college environment. For recommenders who choose to write a letter, be sure to also include this form with the letter.

The completed recommendation form should be mailed to the Office of Admission, Baldwin Wallace University, 275 Eastland Road, Berea, OH 44017-2088. Your application may not be fully considered until recommendations are submitted, so encourage the individuals you select to complete and return the form promptly.

Applicant's Name _____

Address _____
Street City State Zip

Please designate which of the two options you prefer:

- ☐ I hereby waive the right to view this recommendation and understand that it will be held in confidence.
☐ I wish to retain my right to view this recommendation.

Signature _____ Date _____

To the Individual Completing This Evaluation:

The person named above has applied for admission to Baldwin Wallace University for the MAEd Leadership in Higher Education program. In consideration of each applicant, emphasis is placed on comments from references concerning an applicant's academic preparation and potential for a successful career. Please complete this form, using additional paper if desired. We are particularly interested in your perceptions of character and integrity, commitment to leadership, motivation and potential for personal and professional growth. The application for admission may not be fully considered until recommendations are submitted, so please complete and return the form promptly to the address below.

1. How long have you known the applicant? _____

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

3. Is the applicant's scholastic record an accurate reflection of his/her academic ability? ☐ Yes ☐ No ☐ Don't Know

If not, please explain briefly. _____

4. What are the applicant's most outstanding abilities or characteristics? _____

5. What are the applicant's chief liabilities and weaknesses? _____

6. What has been the applicant's experience and success in working with college-aged students? _____

7. How would you evaluate the applicant in the following areas?

| | Below Average | Average | Above Average | Excellent | Unknown |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ABILITY TO INITIATE PROJECTS AND MEET DEADLINES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ABILITY TO WORK WELL WITH YOUNG ADULTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COMMUNICATION SKILLS (VERBAL/WRITTEN) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FLEXIBILITY (RECEPTIVITY TO NEW IDEAS, INNOVATIVENESS, ADAPTABILITY) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SELF REFLECTION (EFFECTIVE RESPONSE TO CONSTRUCTIVE CRITICISM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SENSITIVITY TO COMMUNITY AND CULTURAL NORMS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHARACTER & INTEGRITY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LEADERSHIP ABILITY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POTENTIAL FOR GROWTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. The Admission Committee is interested in any additional information you can provide about the applicant.

9. Please check to indicate your overall evaluation for this applicant to pursue a career in higher education:

- ☐ Strongly recommend
- ☐ Recommend
- ☐ Recommend with reservation
- ☐ Do not recommend

Your Name (please print) _____

Relationship to the applicant _____

Profession or Occupation _____

Phone _____

Address _____
Street City State Zip

Signature _____ Date _____

Please return this form to the Baldwin Wallace Office of Admission, 275 Eastland Road, Berea, OH 44017-2088