

Recommendation Form

Doctor of Management in Community College Policy and Administration

Instructions for the Applicant:

Recommendations must be from individuals who are able to assess your professional or academic background and suitability for doctoral study in community college policy and administration. Personal recommendations are not acceptable for the application. The recommendation must be signed by the evaluator. Electronic signatures are accepted. Once the evaluator has completed the recommendation, they must submit it directly to UMGC at admissions@umgc.edu.

Applicant's Name: _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), a student, upon request, may review completed recommendation forms and attached recommendation statements that are provided to the university, unless the student has waived the right to inspect such documents in advance. Complete and sign the section below. Your right to review these recommendation records is considered waived if you fail to complete this section.

Please check: I DO I DO NOT waive my right of access to this document.

Applicant's Signature: _____ Date: _____

Instructions for the Evaluator:

Upon completion, please submit this form directly to UMGC via email to admissions@umgc.edu. Please include the student's name in the subject line of your email so that it can be linked to the appropriate student.

Name of Evaluator: _____

Position or Title: _____

Organization: _____

Address: _____

How long and in what capacity have you known the applicant?

In the space below (or as an attachment to this form), provide the Admissions Committee with an assessment of the applicant’s breadth of knowledge in Community College Policy and Administration and any additional relevant information concerning the applicant’s suitability for doctoral study.

Ratings:

Rate the applicant in comparison with other students/employees you know who have gone on to study at the graduate level. This rating should accompany your letter of reference (reference letters are also accepted), not replace it.

Category/Skill	No basis	Below Average	Average	Good/Above Average	Very Good/Well Above Average	Excellent (Top 10%)	Outstanding (Top 5%)	One of Few Encountered (Top 1%)
Intellectual ability								
Verbal communication								
Written communication								
Emotional maturity								
Creative, original thought								
Potential as a college administrator								
Motivation for program of study								
Research skills								
Analytical skills								
Leadership potential								
Respect for peers								
OVERALL								

Signature of Evaluator: _____

Date: _____

Email Address: _____

Daytime Telephone: _____