

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, the above named applicant has the right, upon enrollment at Stevenson University, to review these recommendations, unless, as indicated by signing below, the applicant waives this right.

I hereby waive (\_\_\_) do not waive (\_\_\_) my right to review this recommendation form.

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

The Admissions Committee appreciates your responses to the following questions.

1. How long and in what capacity have you known the applicant?
2. Please describe the applicant's qualities that make them well-suited to teach and/or lead in community-based organizations.
3. Please rate the applicant using the scale below based on their potential as a candidate for the Community-Based Education and Leadership master's program.

	Outstanding	Above Average	Average	Below Average	Unable to Assess
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and Maturity					
Ability to work with others					
Breadth of general knowledge					
Quality of written expression					
Potential for graduate study					

4. Please describe any areas where the applicant may need growth.

5. Please address any concerns you have about the candidate's ability to complete an accelerated online program.

If you would like to share further information regarding this applicant please attach a separate narrative.

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

Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**

Graduate Admissions Office  
School of Graduate and Professional Studies  
Stevenson University  
100 Campus Circle  
Owings Mills, MD 21117

**Or email:**

Amanda Millar, [amillar@stevenson.edu](mailto:amillar@stevenson.edu)  
Senior Enrollment Counselor