

# Recommendation Form for Graduate Studies

**This section to be completed by the applicant (please print)**

Please give this form and the recommendation envelope to the person writing the recommendation. Ask the writer to return the completed form to you in a sealed envelope. Breaking the seal will render this recommendation not confidential.

Name of applicant \_\_\_\_\_ Month and date of birth (MM/DD) \_\_\_\_\_

Name and title of recommender \_\_\_\_\_

Relationship of recommender to applicant \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I recognize the confidential nature of this document and  I waive my right to access.  I do not waive my right to access.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the recommender.**

This applicant is seeking admission to the Master of Arts in Organizational Design and Renewal program at Seattle University. To assess the appropriateness of this choice for the individual, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate. Also, if you wish to supplement the recommendation with additional comments, attach an extra page. However, please complete this form.

**1. Please indicate your evaluation of the applicant by checking the appropriate rating.**

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
<b>Intellectual Abilities</b> (uses abstract and critical thinking; is intellectually curious; is flexible and objective; actively engages in new knowledge; is reflective)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills: Writing</b> (writes clearly; presents ideas in an organized fashion; presents written work of graduate-level quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills: Speaking</b> (articulates ideas effectively in spoken form; is congruent in verbal and non-verbal communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Openness to Feedback</b> (is non-defensive in receiving/responding to feedback; is willing to admit mistakes; is flexible and willing to change)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural Awareness and Inclusion</b> (appreciates influence of culture; communicates respect for others' worldviews; uses language and interpersonal behavior appropriate to and respectful of diverse cultural identities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Responsibility</b> (is aware of social, political, and economic inequalities and their educational effects; shows willingness to address needs of underserved populations; is willing to examine the social impact of personal and professional choices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b> (demonstrates initiative, vision, responsibility; works toward win/win problem resolutions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal Skills</b> (demonstrates empathy, patience, respect, caring, and a sense of humor; is willing and able to tolerate ambiguity; maintains appropriate boundaries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What are the applicant's strengths as you see them?

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3. What are the applicant's limitations as you see them?

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4. Other comments:

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5. Check one:     I strongly recommend the applicant for admission.     I recommend the applicant for admission with some reservation.  
                          I recommend the applicant for admission.                                     I do not recommend the applicant for admission.

Signature of recommender

Date

Name of recommender

Title

Phone

Institution

Email Address

Address

City, State, Zip

**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**

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