

Confidential Recommendation

Doctor of Executive Leadership (Online only)

Applicant

Please ask your reference to complete this recommendation form and letter of assessment and return it directly to University of Charleston Admissions Processing, 158 Dye Drive, Beckley, WV 25801.

Applicant's Name							
	Last	First	Middle				
Applicant's E-mail Address							

You may waive your right to review this letter of recommendation after enrollment. 🛛 Waive 🖓 Do not waive

Recommender

The individual named above is applying for admission to the Doctor of Executive Leadership program at the University of Charleston. Your comments about the applicant are an important component of the admissions application. Please submit this recommendation directly to University of Charleston at the address that appears in the Applicant section above.

Your Name										_
Organization		Position or Title								
Organization Mailing Addr	ess									
Office Phone	Cell or Personal Phone (if preferred)		Business E-mail	Pei	Personal E-mail (if preferred)					
Please also answe	er the following									
Do you have subs	stantial knowledge of the a	pplicant spanning r	more than a year?	Yes 🛛 No)					
If so, how long? _										
What is your relat	ionship with the applicant?									
Evaluation										
	dividual you are providing a	recommendation f	or on a scale from 1 t	o 5 following	n the sc	alo inc	licator		M.	
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Letter of Assessment

As a separate attachment, preferably on your letterhead, please provide a letter indicating your assessment of the applicant, including examples of his or her involvement in leadership-applicable activities.

Verification of Information

I certify that I know the individual in the capacity described, and that my assessment and description are accurate to the best of my knowledge.

Signature

Date



For more information, call 877.345.5061.