Professional Recommendation Form

Program of Study:

- ☐ **Doctor Business Administration (DBA)**
- ☐ **Doctor of Education (Ed.D.)**
- ☐ **Doctor of Criminal Justice (DCJ)**
- ☐ **Master of Business Administration (MBA)**
- ☐ **Master of Science in Accounting (MSA)**
- ☐ **Master of Science in Cybersecurity (MS.CYBS)**
- ☐ **Master of Theology (MA.TH)**
- ☐ **Master of Arts in Creative Writing (MA.CW)**
- ☐ **Master of Science in Psychology (MS.PSY)**
- ☐ **Master of Social Work (MSW)**
- ☐ **Education Specialist (EDS)**
- ☐ **Doctor Of Theology (Th.D)**

To be completed by the Applicant

I do ☐ do not ☐ waive my right to read this confidential recommendation.

Full Name- Last _____ First _____ Middle _____ Student ID # or Social Security # _____

Mailing Address _____ Email Address _____

Signature of Applicant _____ Date _____

To be completed by the Recommender

Professional Capacity in which you know this applicant: _____

How long have you known this applicant? _____

Please rate the applicant in each of the following characteristics by entering the appropriate point on the scale shown.

	No Basis	Low		Average		High
Motivation for graduate work	0	1	2	3	4	5
Intellectual ability	0	1	2	3	4	5
Creativity	0	1	2	3	4	5
Breadth of knowledge	0	1	2	3	4	5
Oral Communication	0	1	2	3	4	5
Written Communication	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Resourcefulness	0	1	2	3	4	5
Emotional Maturity	0	1	2	3	4	5
Cooperation	0	1	2	3	4	5
Promise as a manager/leader/teacher	0	1	2	3	4	5
Overall Recommendation ☐	0	1	2	3	4	5

Additional Comments:

Full Name- Last _____ First _____ Middle _____ Telephone Number _____

Mailing Address _____ Email Address _____

Signature of Recommender _____ Date _____

Please mail to: Saint Leo University / Office of Graduate Admission – 33701 County Rd. 52 PO Box 6665, MC 2248 Saint Leo, FL 33574-6665 **or email to:** enrollment@onlinedegrees.saintleo.edu

Updated 11.2023