

# M.S. IN STRATEGIC LEADERSHIP RECOMMENDATION FORM

Send this form directly to the student in a sealed envelope with your signature across the seal so that the applicant can return it with the completed application OR send it directly to the Graduate Studies Office at the following address:

BHSU Graduate Studies  
1200 University Street Unit 9501  
Spearfish, SD 57799-9501

**Only original recommendation letters will be accepted.**

Name of Applicant: \_\_\_\_\_

## TO THE APPLICANT:

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to 1 January 1975.

Upon its completion and submission, University faculty will utilize this document to evaluate your qualifications to be admitted into the Masters of Science in Strategic Leadership program.

Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

- I DO wish to waive my right to see this document.
- I DO NOT wish to waive my right to see this document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TO THE PERSON MAKING THIS RECOMMENDATION:

The above named applicant for admission to the Masters of Science in Strategic Leadership program has given your name as a reference. Black Hills State University would appreciate your cooperation in providing the following information regarding the applicant's qualifications. References should be acquainted with applicant's academic ability.

1. I have known the applicant for: \_\_\_\_\_ Semesters \_\_\_\_\_ Years

During this time, the applicant was a/an:

- |   |   |
|---|---|
| <input type="checkbox"/> undergraduate student  | <input type="checkbox"/> graduate assistant |
| <input type="checkbox"/> assistant of mine      | <input type="checkbox"/> advisee of mine    |
| <input type="checkbox"/> departmental assistant | <input type="checkbox"/> employee           |
| <input type="checkbox"/> co-worker              | <input type="checkbox"/> other _____        |



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2. Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned. Use your own student body and recent graduates as a reference group. If the applicant is an employee, use other employees with similar backgrounds as a reference group.

CHARACTERISTICS	High	Average	Low	Cannot Judge
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life-long Learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you were responsible for a graduate program, would you accept the applicant in your own graduate program?  
 Yes     No     Uncertain
4. My recommendation for this applicant is:  
 Very Strong     Strong     Average     Below average     Recommend with reservations
5. Please use this space to make comments concerning this applicant's strengths and weaknesses. Comments should pertain to the applicant's ability to undertake an online graduate program. Be as specific as possible. If you need additional room, please attach a separate sheet of paper.

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip Code

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_