



University of Northern Colorado
Candidate Recommendation Form
HESAL Ph.D.

To the Applicant

Letters of recommendation should be requested from persons who are familiar with your qualifications for study for a Ph.D. degree. Complete the top portion of this form and give it to the individual providing this reference. You must indicate your choice regarding your rights to access to this letter, and you must sign and date the form.

Applicant Full Legal Name: Last First Middle Maiden

Social Security Number: OR UNC Bear Number:

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive your right, you will have access to the recommendation if you enroll in the Ph.D. program.

I choose to: waive not waive my right of access to this letter.

Applicant Signature: Date:

To the Reference/Recommender

Please write as candidly as possible about the applicant's qualifications and potential to engage successfully in a Ph.D. program in our field. This program requires professional experience in higher education and student affairs leadership roles, as well as an appropriate Master's Degree. Please share observations regarding the professional performance and accomplishments of the applicant, as well as accomplishments in prior graduate studies. In evaluating such qualities as the applicant's motivation, intellect, creativity, discipline, and maturity, discuss both strengths and weaknesses. It would be most helpful if you can recall specific instances in which these qualities were apparent.

Please attach your letter of recommendation to this form, and mail it directly to:

HESAL Admissions Committee
Division of Educational Leadership and Policy Studies
418 McKee Hall, Campus Box 103
University of Northern Colorado
Greeley, CO 80639

This recommendation will be used by the program in Higher Education and Student Affairs Leadership at the University of Northern Colorado only in its procedures relative to admission. If the applicant has not waived the right of access to the recommendation, it will be accessible to the applicant only if he/she is admitted and enrolls in the program.

Please also complete the following:

How long, and in what capacity have you known the applicant?

Name: Title:

Signature: Date:

Institution:

Address: Daytime Phone:

City, State, Zip: