

# Recommendation Form

## To the Applicant

Please complete only the top portion of this form. Your recommender should complete the rest of the form.

Applicant's Name (Family)	(Given)	(Middle)

## To the Recommender

The person whose name appears above is applying for admission to the Young Leaders' Program.

Please provide your recommendation on your own letterhead or stationery. The Admissions Committee values the recommender's direct contact with the candidate. In your letter, please answer the following questions as candidly and specifically as possible:

Please return this form and your recommendation to the applicant in a sealed envelope, with your signature across the seal. The applicant will submit the sealed, signed envelope to us as part of the completed application package.

The Admissions Committee is aware of the time and care necessary to prepare this form. We gratefully acknowledge your help.

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

2. How often have you observed the applicant? (Please tick one box)

- every day       3 or 4 times a week       1 or 2 times a week       1 or 2 times a month
- less than once a month





9. Please write if you have any comment.

Please provide telephone numbers should the Admissions Committee feel a need to contact you regarding the reference.

Business Telephone Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Recommender's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Position or Title \_\_\_\_\_ Organization \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_