



## LETTER OF EVALUATION

### Doctorate of Education in Applied Leadership Program

**Instructions for Submittal**

Applicants must fill out the first two sections of this form, save, and send to each evaluator. Each evaluator must fill out remaining sections and send directly to the Office of Graduate Studies, [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu) or Office of Graduate Studies, 2420 Nicolet Drive, Green Bay, WI 54311-7001.

**APPLICANT SECTION:**

First Name	Middle Name	Last Name

**PRIVACY ACT STATEMENT:**

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at the University of Wisconsin-Green Bay have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the letters after a final decision is made on admission. The student's decision is indicated below:

I WAIVE MY RIGHTS TO EXAMINE THIS LETTER

Applicant's Electronic Signature	Date (mm/dd/yyyy)

**EVALUATOR SECTION:**

The applicant referenced above is seeking admission to the Doctorate of Education in Applied Leadership program at the University of Wisconsin-Green Bay. The information you share with us will be valuable in making an admission decision. We appreciate your effort in completing this form. Please fill out the survey entirely and send this form and your letter of recommendation to the Office of Graduate Studies, [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu) or 2420 Nicolet Drive, Green Bay, WI 54311-7001. Questions can be forwarded to the Office of Graduate Studies at [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu).

**EVALUATOR INFORMATION:**

Full Name					
Employer		Title/Position			
E-mail		Phone			
Address		City			
State		Zip Code			

Comparing the applicant to other individuals in the same field with approximately the same amount of experience and training, please indicate your evaluation of this applicant's ability and professional competence by marking the appropriate ranking:

	Top 10%	Top 25%	Top 50%	Lower 50%	Lower 25%	Unable to Rate
Intellectual Capacity	○	○	○	○	○	○
Oral Communication Ability	○	○	○	○	○	○
Written Communication Ability	○	○	○	○	○	○
Original/Creativity	○	○	○	○	○	○
Understanding of Self	○	○	○	○	○	○
Sensitivity to Needs and Feelings of Others	○	○	○	○	○	○
Ability to Respect Differences	○	○	○	○	○	○

Potential as a Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity and Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Collaboratively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please include how long you have known the applicant and in what capacity; assess the applicant's strengths and areas of improvement related to potential success in a doctorate program in applied leadership; as well as provide any other relevant information you feel the admission panel should know.

(Limit 3000 Characters)

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**RECOMMENDATION FOR ADMISSION:**

- Recommend Highly
- Recommend
- Recommend with Reservations
- Not Recommended

Evaluator's Electronic Signature

Date (mm/dd/yyyy)