

**GRADUATE STUDY RECOMMENDATION FORM**  
**Department of Public and Nonprofit Management**  
**University of Wisconsin – Milwaukee**  
*M.S in Nonprofit Management and Leadership*

**To the applicant:** Please fill out the top portion of this form. This form should be given to a professor, professional colleague, or other individual who is able to comment on your academic and/or professional performance and potential. Along with the recommendation form, please provide your recommender with a stamped envelope addressed to:

Douglas Ihrke, Dept. Chair  
Dept. of Public & Nonprofit Management  
PO Box 413  
Milwaukee, WI 53201

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

Degree sought: \_\_\_\_\_

**If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the referee:** Your estimate of the applicant's potential for graduate study will be extremely helpful to the Admissions Committee. If you prefer not to provide your assessment on this form, please complete Section 4 and include a separate letter.

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

**2. Please comment on the applicant's preparation and aptitude for graduate work in nonprofit management and leadership, including conceptual ability, writing skills, and creativity.**

**3. Please comment on the applicant's maturity and commitment to graduate study.**

**4. Among students at a similar level that you have known, how would you rate the applicant?**

- Among the very best
- Top 5%
- Top 10%
- Top quarter
- Average

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Professional Address:** \_\_\_\_\_