

The Delta Kappa Gamma Society International
Xi State Leadership Management Seminar
Recommendation Form
Please type or print.

Ms. _____ Miss _____ Mrs. _____ Dr. _____

_____ (Applicant's Name)
First Middle Last

Ms. _____ Miss _____ Mrs. _____ Mr. _____ Dr. _____

_____ (Referent's Name)
First Middle Last

_____ (Referent's Address)
Street/P.O. Box

_____ (Referent's Address)
City State Zip

_____ (Referent's Email Address)
Email Address

Business Phone: _____ Home Phone _____

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

2. From your point of view, what are the applicant's principal strengths?

3. What has the applicant done to evidence leadership potential or professional competency to be endorsed for this seminar? (Be specific.)

4. Rate this applicant in comparison to other professional educators:

Outstanding _____

Average _____

Superior _____

Not able to determine _____

Good _____

(Please explain below)

5. In addition to the information indicated above, we would appreciate any additional comments that you might share to assist with the selection process.

Complete one of the following as applicable:

CHAPTER PRESIDENT
(Or Immediate Past President)

PROFESSIONAL REFERENT

(Print or Type Name)

(Print or Type Name)

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

Please place the completed recommendation form in the envelope provided by the applicant, seal the envelope, and sign your name across the seal. Return the sealed envelope to the applicant as soon as possible to enable her to mail it with her application postmarked no later than **September 30, 2010**. The applicant **will be** disqualified if the deadline is not met.