



Master of Science in School Leadership

Recommendation letters must be received prior to acceptance to the MSSL

Part I Information *to be completed by applicant, please type or print*

Name: _____

Social Security #: _____

Name of School: _____

Your position at above school: _____

School District: _____

Address of School District: _____

City: _____ State: _____ Zip: _____

Name of person giving recommendation: _____

I agree that this recommendation should be held in strict confidence, and waive my right to review the comments made by the person providing the recommendation.

Student Signature _____ Date _____

Part II Information *to be completed by professional reference (not a relative), please type or print*

This program requires initiative and the capacity to develop leadership skills.

In letter form, please address the following:

- The length of time you have known the applicant.
- Your professional relationship with the applicant
- Why you think the applicant is capable of maintaining quality performance standards in an intensive learning environment.
- The qualities or strengths the applicant possesses to succeed in an administrative capacity
- The professional area(s) the applicant is working to improve on

Please return this form along with your letter of recommendation to:

Baker University
Attn: Graduate Enrollment Department
8001 College Blvd., Suite 100
Overland Park, KS 66210