



Letter of Recommendation for International Students

Name of the Applicant: _____

To the Applicant:

This evaluation form may be completed by anyone who can attest to your academic and professional work. This may include a supervisor, a professional from a governmental or non-governmental organization, a professor, an academic advisor, or a dean. It may not be completed by a relative or friend. This form must be completed in English or accompanied by an accurate translation. The letter of recommendation must be signed within the last 12 month from the date of application.

To the Recommender:

The above-named individual is applying for admission to the LL.M. Program in Democratic Governance and Rule of Law at Ohio Northern University College of Law. The objective of this program is to provide lawyers from transitional states who are working with their government or in the non-profit sector with the tools and training to implement law reform and democratization in their home countries. Your evaluation based on this objective is greatly appreciated.

This form must be signed and faxed to the ONU LL.M. Program at 1-419-772-3583 or scanned and emailed to llm@onu.edu. The original must be mailed directly to the College at the following address:

LL.M. in Democratic Governance and Rule of Law
Ohio Northern University College of Law
525 South Main Street, Ada, OH 45810 U.S.A.
Tel: (419) 772-3580 • Fax: (419) 772-3583 • E-mail: LLM@onu.edu • www.law.onu.edu

Name of Recommender: _____

Title: _____

Organization: _____

Address:

Telephone (include county code and area code)

Fax (include any routing instructions)

Email

City, State/Province and Country

How and when is the best time to reach you?

1. In what capacity do you know the Applicant? Please check all that apply:

Professor

Employer

Other (please specify) _____

How long have you known the Applicant? _____

2. Please rate, by checking the appropriate box, this applicant in relation to other students or professionals that you have known:

<u>Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unable to Judge</u>
Analytical, reasoning and critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What contribution will this applicant make to furthering democracy and the rule of law in his/her country?

4. Please check the appropriate box to complete the following statement:

I highly recommend recommend recommend with reservation do not recommend this applicant for your program.

5. You may attach an additional letter of recommendation giving your candid evaluation of this applicant to this evaluation form.

Evaluator's Signature

Date: ____/____/____
mm dd yy