

Executive MPA Letter of Recommendation

To be completed by Applicant

Name of Applicant _____

Name of Recommender _____

The Family Education and Privacy Act of 1974 gives the applicant the right to inspect letters of recommendation written in support of admission. The student may waive this right. Admission decisions are not influenced by the applicant's choice.

☐ I **waive** my right to inspect the letter provided by this recommender.

☐ I **retain** my right to inspect the letter provided by this recommender.

Signature _____

To be completed by Recommender

To qualify for the Executive MPA Program, applicants must meet the threshold requirement of 10 years of **significant work experience** in a combination of the public, private or nonprofit sectors. This requirement is intended to identify those individuals who have assumed increasingly important leadership roles over the course of their career and are poised to assume strategic leadership responsibility in public service. By strategic we mean participation in shaping the goals and mission of programs and organizational units and working across organizational, jurisdictional and stakeholder boundaries to bring these goals and mission to reality. We are looking for applicants who have faced difficult leadership challenges regardless of their organizational level of responsibility. These experiences may well have come from avocational work in civic associations, schools, churches, and volunteer work.

1. Please provide a narrative evaluation of this applicant's academic and/or professional experience as well as an estimation of the applicant's prospects for successful completion of the Executive MPA program on a separate sheet (preferably on letterhead).

2. Please complete the following questions and mail this form with your recommendation letter to:

Executive MPA Program
Public Administration Division
Portland State University
P.O. BOX751(PA-ELI) Portland, OR 97207-0751

How long have you known the applicant? _____

In what capacity do you know the applicant?

☐ Instructor/Advisor

☐ Employer/Supervisor

☐ Coworker/Colleague

How would you rank the applicant's capacity for future senior leadership?

☐ Top 10 %

☐ Top 20 %

☐ Top 30 %

☐ Top 40 %

☐ Top 50 %

How would you rank the applicant's intellectual capacity?

☐ Top 10 %

☐ Top 20 %

☐ Top 30 %

☐ Top 40 %

☐ Top 50 %

Name _____

Signature _____

Position _____

Affiliation _____