

## College of Information and Cyberspace Recommendation Form

## APPLICANT INFORMATION First Name: Middle Name: Last Name: Suffix:

## TO BE COMPLETED BY THE RECOMMENDER

The applicant named above is applying for admission to the College of Information and Cyberspace, National Defense University (NDU). Please comment on the applicant's leadership potential, academic ability, and motivation to complete an intensive program. If known, include your impression of the applicant's commitment to leading Information Age defense and government organizations. If you prefer to write a letter that addresses these elements, please use organizational letterhead.

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

II. Please assess the applicant's leadership potential.

III. Please assess the applicant's academic ability including his/her oral and written communication skills and motivation to complete an intensive graduate-level program.

V. Please assess th	e overall promise	of the applicant	(select one).	Exceptional	Unknown
Recommender Na	nme:				
Positon or Title:			Organizatio	n:	
Address:					
Signature:				Date:	
Please submit this Student Services at		by uploading it t	o your application	n package in Tk20 oi	mailing it to the C
College of Informa Office of Student S 300 5th Avenue, Bl Ft. Lesley J. McNai	ervices dg 62, Rm 145	ace			
Please note, in ord	ler for this form	to be considered	complete it mus	t be signed by the re	ecommender.

IV. If, known, please comment on the applicant's commitment to leading Information Age defense and

government organizations.