



Center for the Development of Leadership Skills (CDLS)

Leadership Development Program

RECOMMENDATION FORM

Thank you for completing a recommendation on behalf of this applicant for Rider's Leadership Development Program (LDP). If you wish to learn more about the LDP and its requirements, please visit www.rider.edu/cdls.

While it is preferred that applicants submit all materials together, if you wish to send your recommendation separately (either via US mail or e-mail), you may do so.

If you have any questions, please contact Laura Seplaki, Associate Director of the Center for the Development of Leadership Skills at lseplaki@rider.edu or 609-895-5791.

Name of the Applicant: _____

Your Name and Title: _____

Contact Phone Number: _____

E-mail: _____

In your recommendation letter, please provide the following information:

- How long you have known this student and in what capacity
- Your assessment of the applicant's current leadership abilities and leadership potential
- The applicant's level of motivation, interest in being a leader, and capacity for self-reflection
- Any other specific examples that support your assessment of the applicant

For those who wish to send recommendations direct through US Mail or e-mail:

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