RECOMMENDATION FORM

JOHN F. KENNEDY S	SCHOOL OF GOVERN	MENT – HARVARD UNIVERSI	ГҮ							
☐ Driving Governmen	t Performance									
Executive Leadershi	p Development									
Performance Measu	rement for Effective Man	agement of Nonprofit Organizations	s							
☐ Public Financial Ma	nagement									
☐ Senior Executive Fel	lows									
Senior Executives in National and International Security										
 ☐ Senior Executives in State and Local Government ☐ Senior Managers in Government 										
										☐ Women and Power
	(Last/Family Name)	(First/Given Name)	(Middle Initial)							
Name of Recommender										
Title or Position	(Last/Family Name)	(First/Given Name)	(Middle Initial)							
Organization										
Office Address, City, Sta	te, Zip									
Office Telephone ()	Office Fax ()								

Please answer the following questions below or attach additional sheets if necessary.

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

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2.	Please indicate your objectives in nominating the applicant for this program.					
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3.	Please make any additional statement(s) about the applicant's work record and professional or personal qualities, which you believe, would be helpful to the admissions committee in considering his/her application					
	for the program.					
Sig	mature of Recommender Date					

Please return this application to: Enrollment Services, John F. Kennedy School of Government, Harvard University, 79 JFK Street, Cambridge, MA 02138 Phone: (617) 496-0484, Fax: (617) 495-3090, e-mail: KSG_ExecEd@harvard.edu

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