



**MASTER OF BUSINESS ADMINISTRATION
PROGRAM**

Recommendation Form

Applicant's Name: _____

To the Applicant: Please enter your name above. Provide each recommender with a copy of this form.

To the Recommender: Please complete this form and return it to the applicant in a sealed envelope with your signature across the seal. This recommendation is a required part of our admission process, so your prompt response is important. Your candid assessment of that applicant will greatly assist us in making a decision which is good both for the applicant and the program. We appreciate the time and effort you are making to provide us with this information.

How long have you known the applicant? _____ years _____ months

Under what circumstances have you known the applicant?

In your opinion, is the MBA program the candidate is applying for appropriate at this time in his/her career? Why or why not?

Please appraise the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students or employees in the same area.

	Superior	Above Average	Average	Below Average	Not Observed
Leadership Potential					
Motivation					
Maturity					
Ability to work with others					
Self Confidence					
Oral Expression					
Written Expression					
Analytical Skills: problem recognition, structuring, and solving					

Please comment about the applicant's record, potential, or personal qualities.

Recommend with: Confidence _____ *Reservation* _____ *Not Recommend* _____

Signature: _____ *Date:* _____

Name: _____

Title: _____

Organization or Institution: _____

Address _____
