

Recommendation

Applicant Name _____
Last *First* *Middle*

To the Applicant:

Please type your name above. Give this form, along with a self-addressed, stamped envelope to your employer or a person familiar with your present work. The recommender should place the completed form in the envelope and return it to you signed and sealed. Return the unopened envelope with your application.

To the Recommender:

Please respond to the following questions. We place a great deal of emphasis on your comments. This recommendation is required prior to admission to the Program, so a prompt return to the applicant is very important. Your time and thoughtfulness are greatly appreciated. After completing this form, please place it in the envelope provided by the applicant, seal it, and sign across the flap. Return it to the applicant. Thank you.

(Please type or print)

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

2. In your opinion, what are the applicant's strengths and talents?

3. In your opinion, what are the applicant's weaknesses?

4. How might a graduate degree enhance the applicant's position or abilities?

Please check the following:

	Excellent	Good	Average	Below Average	Unable to Rate
Management Potential					
Interpersonal Skills					
Verbal Communication					
Writing Skills					
Intellectual Ability					
Maturity					
Initiative and Drive					
Leadership Ability					

What is your overall recommendation?

Strongly Recommend

Recommend with Reservation

Recommend

Do Not Recommend

In the space below, write any comments you feel may aid the applicant in the evaluation process.

Signature _____ Date _____

Name _____

Title _____

Organization Name _____

Address _____

Telephone: Home (____) _____ Business (____) _____ E-Mail _____