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.

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:

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

What is your overall recommendation? □ Strongly Recommend □ Recommend □ Recommend with Reservation □ 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 ______________________________
Phone (Home) _________________________ Phone (Business) _______________ Email ________________________