

Letter of Recommendation Master Degree Program

Applicant

This form should be completed by two persons: one current or previous program faculty who can evaluate your potential for master study, one current or previous appropriate management professional that can attest to your competencies and skills

Applicant's Name _____

Referee's Name _____

Position _____

Organization _____

Telephone _____

e-Mail _____

How long have you know the applicant and in what relationship?

Year _____

Relationship _____

Please evaluate the applicant in terms of the qualities listed below.

Criteria for Assessment Excellent	Very good	Good	Aver age	Poor	No	Opinion
Intellectual Ability						
Imagination and Creativity						
Breadth of General Knowledge						
Potential as Researcher						
Writing Skills						
Oral Communication (English)						
Interpersonal Skills						
Ability to Work Independently						
Sense of Initiative						

Please briefly describe whether or not the candidate's qualities make him/her suited to study for a Master in Management?

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Are there any obstacles that you anticipate could interfere with the candidate's ability to complete a Master program?

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Referee's Signature

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(.....)
Date / /