

Name of Applicant _____

U.S. Social Security Number _____

Name of Recommender _____

To the Applicant: Please type or print your name, Social Security number and the name of the evaluator at the top of this page. Read the following statement, check off the appropriate box, then sign and date.

I understand that this evaluation will be kept in confidence by the Fordham University Graduate School of Business Administration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974. I understand that the rights I am waiving include but are not limited to the right to inspect and review this letter, the right to have a copy of this recommendation made for my use, and the right to request an amendment to this recommendation.

- I agree to waive access to this form.
- I do not agree to waive access to this form if I am admitted to and actually enroll at Fordham University.

Applicant's Signature _____ Date _____

To the Recommender: Please complete the information requested on both sides of the form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in the envelope addressed by the applicant. Please seal the envelope and write your signature across the seal on the envelope flap.

	Excellent Top 15%	Good Top 30%	Average Mid 35%	Below Average Bottom 35%	Unable to Judge
Oral Communication Skills					
Written Communication Ability					
Analytical/Quantitative Ability					
Problem-Solving Skills					
Interpersonal Skills in Work Group Context					
Innovative Ability					
Self-motivation					
Maturity					
Integrity					
Leadership Potential					

1. How long have you known the applicant?

2. In what relationship?

3. In your opinion, what is the candidate's motivation and suitability for a career in management? Comment on both principal qualities and weaknesses in this respect.

4. How have the applicant's professional responsibilities changed during the time that you have known him/her?

5. Please provide any additional comments regarding the applicant's aptitude for graduate work and a career in business and management.

Evaluator's Signature _____ Date _____

Name (Please print or type) _____

Position or Title _____ Firm _____

Address _____

Telephone Number _____ E-mail _____

Work Home