

Confidential Recommendation

GONZAGA UNIVERSITY MBA PROGRAM / MACC PROGRAM / DUAL DEGREE PROGRAMS

PART I — APPLICANT INFORMATION *(to be completed by applicant)*

NAME _____ PROGRAM OF STUDY _____

WAIVER: I understand that Federal Law, through the Family Education Rights and Privacy Act of 1974, provides me with the right to access this recommendation and that no school may require me to waive that right. I hereby WAIVE DO NOT WAIVE my right to access this recommendation.

APPLICANT SIGNATURE _____ DATE _____

PART II — RECOMMENDATION *(to be completed by Recommender)*

In order to help us evaluate the applicant's qualifications for graduate study, your opinion is requested. Please print neatly or type your answers to the questions below and return this form to the address listed at the bottom of this sheet.

1) How long and under what circumstances have you known the applicant?

2) Give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other individuals whom you have known in similar circumstances.

	Exceptional	Very Good	Good	Fair	Below Average	Insufficient Knowledge
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP ABILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE AND MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLABORATIVE WORKING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANALYTICAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENT WORKING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3) Please elaborate upon the ratings you have made and offer any additional information that will be helpful to us in considering this applicant for admission to graduate school. Please comment upon the applicant's strengths and weaknesses.

4) Please indicate your overall endorsement of the applicant.

- I strongly recommend the candidate for admission.
- I recommend the candidate for admission.
- I recommend the candidate for admission with some reservation.
- I do not recommend the candidate for admission.

PART III — RECOMMENDER INFORMATION *(please print clearly)*

RECOMMENDER NAME _____

ORGANIZATION _____ TITLE _____

ADDRESS _____
(Street) (City) (State/Prov/Dept) (Zip/Postal Code) (Country)

PHONE _____ E-MAIL _____

RECOMMENDER SIGNATURE _____ DATE _____

Please mail completed recommendation to the address listed below.