



\_\_\_\_\_  
Last First M.I. Student ID  
(This must be the name on your application)

**TO THE PERSON COMPLETING THIS EVALUATION:** The person above is applying for admission to the Graduate Programs in Business at A&M-Commerce. In our consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. This recommendation will be used only for admission purposes; it will not be made a part of the student's educational record, and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility.

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

How Long Have You Known The Applicant? \_\_\_\_\_ years \_\_\_\_\_ months  
Under What Circumstances Have You Worked With The Applicant? \_\_\_\_\_

May We Contact You Regarding This Application? YES  NO

Describe the applicant's ability to communicate orally and in writing. If applicant is from a non-English speaking country, how well does he or she understand, write, and speak English? \_\_\_\_\_

What characteristics of the applicant lead you to believe that he/she is ready for graduate level study? \_\_\_\_\_

Please rate the applicant as compared to his or her peers:

	Top 5%	Top 15%	Top 25%	Top 50%	Lower 50%	Not known
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<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"/>
Motivation	<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"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<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"/>
Planning skills/Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the attributes and abilities evaluated above, please comment on: (use back of form if necessary)

a) Applicant's area of greatest strength. b) Areas where applicant could use greatest development.

Overall evaluation: Strongly Recommend  Recommend  Recommend with Reservations  Do not Recommend

Please return this form to the student in a sealed envelope with your signature written across the seal so they can make it a part of their application package.

\_\_\_\_\_  
Signature Date