

LETTER OF RECOMMENDATION

KENT STATE UNIVERSITY
Graduate School of Management
P.O. Box 5190
Kent Ohio 44242-0001

Name of Applicant _____

Admission to Graduate Study (please check one):

- Master of Business Administration M.A. in Economics M.S. in Accounting
 M.S. in Financial Engineering Ph.D.

Will you be applying for a graduate appointment? Yes No

To the applicant:

Under the federal Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. We believe, however, that letters written in confidence are of greater use in assessment of a student's qualifications. It is your option to waive your right of access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- I waive my right to review this recommendation.
 I do not waive my right to review this recommendation.

Date: _____ Signature: _____

To the person completing this evaluation:

The person named above has applied for admission to the Graduate School of Management at Kent State University. In consideration of each applicant, emphasis is placed on comments from recommenders concerning an applicant's abilities and other attributes. Please complete this form and supplement it as you feel it is appropriate. When complete, place the recommendation in the envelope addressed to the candidate, write your name across the seal, and return it to the candidate as soon as possible. The applicant will then submit the sealed envelope as part of the application package to the Graduate School of Management.

The applicant requests that you return the form to him/her by _____

DATE TO BE FILLED IN BY APPLICANT

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? Please be specific. _____

3. Is the applicant's scholastic record an accurate index of his or her academic ability?

- Yes No Don't know If not, please explain briefly.

4. What are the applicant's most outstanding abilities or characteristics? _____

5. What are the applicant's chief liabilities and weaknesses? _____

6. Please rate the applicant on the table below. To what reference groups (e.g., student, employee, service) are you comparing the applicant?

	Exceptional Top 5%	Good Upper 25%	Average Middle 50%	Poor Bottom 25%	Unable to Judge
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical and mathematical skills	<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"/>
Ability to work well with others	<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"/>
Written communication skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to initiate projects and to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems and to formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility (receptivity to new ideas, innovativeness, adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the applicant is not a native speaker of English, rate his or her English language skills.

7. The Admission Committee is interested in any additional information you can provide about the applicant.

8. Please check to indicate your overall evaluation:

- Strongly recommend
 Recommend
 Recommend with reservations
 Do not recommend

9. _____
YOUR NAME (TYPED OR PRINTED)

TITLE AND DEPARTMENT

ORGANIZATION

ADDRESS

E-MAIL ADDRESS

SIGNATURE

DATE

Seal this form in an envelope, sign your name across the seal and return it to the applicant.

Thank you for your time.