

RECOMMENDATION FORM

Otterbein MBA Program

The Graduate School
Roush Hall 208
1 South Grove St
Westerville, OH 43081
614-823-3210 phone
614-823-3208 fax
www.otterbein.edu/mba

Applicant (Please print or type all sections)

last name

first name

middle name

Waiver Statement/Family Education Rights and Privacy Act of 1974

To the applicant:

Under provision of this Act you have the right, after you are enrolled at Otterbein University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Because federal legislation has granted students and former students access to evaluations such as this, an evaluation can be taken in confidence only if waiver of the right of access is signed by the applicant. Otterbein University reserves the right to contact persons providing recommendations and to acknowledge receipt of recommendations. Please indicate below whether or not you wish to waive this right by circling the appropriate phrase and signing your name.

I *waive* *do not waive* any right of access that I may have to this recommendation form.

signature

date

Evaluator (The applicant cannot be considered until this evaluation is on file at Otterbein University)

In its consideration of each applicant, the Admission Committee places particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. The committee realizes that considerable time and effort may be involved in preparing this evaluation and greatly appreciates your help.

name

telephone

position/title

organization

street address

city, state, zip

How long have you known the applicant? _____ years _____ months

Under what circumstances have you known the applicant? _____

Please evaluate this applicant on the scale below in comparison with others you have known during your professional career.

Describe the reference group you are using. _____

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	Top 5% Outstanding	Top 15% Superior	Top 1/3 Above Avg.	Mid 1/3 Average	Lower 1/3 Below Avg.	Insufficient Information
Maturity	<input type="radio"/>					
Initiative/Motivation	<input type="radio"/>					
Creativity/Originality	<input type="radio"/>					
Managerial Potential	<input type="radio"/>					
Intellectual Ability	<input type="radio"/>					

If you ranked the individual in the top 15% or higher in intellectual ability, please explain.

Use Additional Sheets of Paper, If Necessary, To Answer These Questions

1. Discuss the applicant's effectiveness in working with others. (Consider whether the applicant works well as a team member, commands respect of his or her associates, assumes leadership, takes initiative.)

2. Rate the applicant's achievements when compared to those of his or her peers. (For example, consider the opportunities the applicant has had to make use of his or her abilities and how effectively he or she has exploited them; also consider whether the applicant completes assignments and is an effective performer under stress.)

3. Describe the applicant's ability to communicate orally and in writing. (If the applicant is foreign, how well does he or she understand and speak English?)

4. Please add any additional statements you may wish to make concerning the applicant's aptitude for graduate work and/or his or her potential for becoming a successful manager.

- 5.
- I strongly recommend that this applicant be admitted.
 - I recommend that this applicant be admitted.
 - I recommend with some reservation that this applicant be admitted.
 - I do not recommend that this applicant be admitted.

My reservations are:

signature

date

Thank you for taking the time to tell us about this applicant. Please return this form as soon as possible directly to the applicant in the attached preaddressed envelope (after signing across the seal), or inform the applicant that you are mailing it directly to the address above. Thank you.