

Graduate Admission and Financial Aid Recommendation Form

The University of Akron
Graduate Programs in Business
Akron, OH 44325-4805

Report on the Academic and Professional Abilities of an Applicant for Admission
and/or a Graduate Assistantship Award

To the Applicant

Student ID Number (if applicable) - _____ - _____ birth date: _____

last name _____ first name _____ middle initial _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll in The University of Akron Graduate Programs in Business, to review your educational records. The act further provides that you may waive your right to see recommendations for admission or financial aid. Please indicate below by checking the appropriate statement and signing your name whether you wish to waive this right. The Graduate Admission Committee places no value on your decision in this matter.

I waive my right to access to this recommendation form.
 I do not waive my right to access to this recommendation form.

Signature _____ Date _____

Please send (1) this recommendation form—you may make copies--and (2) a self-addressed stamped envelope, with your address, to each appraiser.

To the Appraiser

The person named above is applying for admission and/or an assistantship at the University of Akron Graduate Programs in Business. In our consideration of applicants, we are particularly interested in the candid comments of individuals familiar with his/her professional accomplishments. Please assist us by providing the information requested below. We do not want to restrict your response to these questions and encourage you to attach a letter if you prefer. Please print or type.

Name of Appraiser
name _____ position/title _____

company _____

address _____

Telephone
work () _____ fax () _____ home () _____

email _____

My knowledge of the applicant is based on a(n) _____ professional affiliation _____ academic affiliation

In what context and for how long have you known the applicant? _____

Describe the applicant's management strengths. _____

In what ways could the applicant improve professionally/academically? What characteristic of the applicant would you most like to change? _____

Would you enjoy working for or being in class with this applicant? Why or why not? _____

What do you think motivates the candidate's application to the University of Akron Graduate Program? Do you feel that the applicant is realistic in his/her professional ambitions? _____

Please give us your appraisal of the applicant in terms of the following qualities. Rate the applicant in comparison with others applying for graduate school that you have known.

	Superior	Above Average	Average	Below Average	Needs Attention	Unable to Judge
Ability to communicate						
Ability to work with others						
Analytical ability						
Competence in area of specialization or responsibility						
Facility with English						
General education/background						
Imagination & creativity						
Integrity						
Intellectual ability						
Interest and enthusiasm						
Mathematical aptitude						
Maturity level						
Oral communication skills						
Personal initiative, motivation						
Potential for growth						
Potential for success as an effective/inspiring upper level manager						
Preparation for chosen field						
Work experience related to management						
Written communication skills						

___ strongly recommend ___ recommend ___ recommend with reservations ___ do not recommend

Are there any matters you feel we should know about the applicant? _____

I understand that the applicant may have access to this information unless the waiver statement is signed.

Appraiser's Signature _____ date _____

If you prefer to write a separate letter of recommendation, please attach it to this form and sign both. And mail them to Graduate Programs, College of Business Administration, The University of Akron, Akron, OH 44325-4805. You may also scan and email them to gradcba@uakron.edu.