

College of  
**Business**  
 ILLINOIS STATE UNIVERSITY  
**MBA Program**  
**Recommendation Form**

Date: \_\_\_\_\_ Year/Semester Applying: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last (Family)      First      Middle      Student ID # (If Available)

Address: \_\_\_\_\_  
Street/RR/PO Box

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City      State/Country      Zip Code      Telephone #

**To The Applicant:** By signing the line below you will waive your right to read this recommendation.

The Family Educational Rights and Privacy Act of 1974 allows students to decide whether letters of reference written at their request are to be held confidential or will be available for their inspection. A signature on the line below indicates that the applicant has waived his/her right to read this recommendation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Letters of recommendation will be kept on file for **1 term (6 months)** beyond the beginning of the semester for which you are applying.

**To The Evaluator:** This applicant is seeking admission to the MBA Program in the College of Business at Illinois State University. We will appreciate your candid evaluation of the applicant's potential to succeed in a graduate business program. We also recognize that completing this evaluation requires a substantial commitment of your time, and appreciate your contribution to our admissions process.

1. Please describe your relationship to the applicant, and the length of time you have been acquainted with him/her.

2. Please evaluate the applicant's abilities on the following dimensions.

	Outstanding	Above Average	Average	Below Average	Unable to Evaluate
Written communication	_____	_____	_____	_____	_____
Oral communication	_____	_____	_____	_____	_____
Analytical skills	_____	_____	_____	_____	_____
Academic performance	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Leadership potential	_____	_____	_____	_____	_____
Motivation to achieve academic and professional goals	_____	_____	_____	_____	_____

**(OVER)**

3. Please provide any additional information (such as the applicant's outstanding talents and abilities, areas in need of improvement, or potential to succeed in academic and professional environments) that would enable the selection committee to evaluate her/his qualifications for graduate work. Feel free to provide the evaluation on a separate page and attach it to this form.

I understand that the applicant has the right of access to this form unless the waiver statement on the previous page has been signed.

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

Evaluator's Information (please print or type):

Name: \_\_\_\_\_  
Last First Middle

Title: \_\_\_\_\_

Institution or Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/RR/PO Box

City State/Country Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please return completed form to:  
**Illinois State University**  
**MBA Program**  
**Campus Box 5570**  
**Normal, IL 61790-5570**