Master of Business Administration & MS in Organizational Leadership
Turner College of Business & Computer Science
COLUMBUS STATE UNIVERSITY
4225 University Avenue • Columbus, GA 31907-5645

Recommendation for Admission to Graduate Program

Applicant Name

……..
Last   *First*   *Middle*

To the Applicant:
Please type or print your name above. Give this form, along with a self-addressed, stamped envelope to your employer or a person familiar with your present work. The recommender should place the completed form in the envelope and return it to you signed and sealed. Return the unopened envelope with your application to the Office of Admissions.

To the Recommender:
Please respond to the following questions. We place a great deal of emphasis on your comments. This recommendation is required prior to admission to the Program, so a prompt return to the applicant is very important. Your time and thoughtfulness are greatly appreciated. After completing this form, please place it in the envelope provided by the applicant, seal it, and sign across the flap. Return it to the applicant. Thank you.

(*Please type or print*)
1. How long have you known the applicant and in what capacity?

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2. In your opinion, what are the applicant's strengths?

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3. In your opinion, what are the applicant's weaknesses?

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4. How might a graduate degree enhance the applicant's position or abilities?

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Please check the following:

	Outstanding	Above Average	Average	Below Average	Unable To Rate
Interpersonal Skills					
Oral Communication					
Written Communication					
Managerial Potential					
Problem Solving Skills					

Overall Rating:

- ❑ Strongly Recommend
- ❑ Recommend
- ❑ Recommend with Reservation
- ❑ Not Recommend

In the space below, write any comments you feel may aid the applicant in the evaluation process.

Signature…………………………………………….…...   Date …………………………………………….

Name………

Title……

Organization Name…………………………………………………………………………………………………..

Address……

………..

Tel: (   )……………………………………… ….   Email: …………………………………………….