

TO THE APPLICANT:

I do _____ do not _____ waive my right to inspect and review this document under the provisions of the Family Education and Privacy Act of 1974 (Buckley Amendment). I understand that my election or non-election of this waiver in no way affects the decision on my application.

Applicant Signature: _____ Date: _____

Name (printed or typed): _____

TO THE RECOMMENDER:

The person whose name appears above is applying to the Graduate Business Programs at Stetson University. A candid and detailed assessment from the recommenders selected by the candidate greatly assists the Admissions Committee in its review of the application. You should consider previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, and drive and motivation.

1. How long and in what capacity have you known this applicant? _____

2. Please rate this applicant by checking the category which most closely reflects your perceptions of the applicant with regard to the following characteristics:

Characteristics	Top 10% Excellent	Next 20% Good	Middle 40% Average	Next 20% Below	Lowest 10% Poor	Not Observed
Ability to work independently						
Ability to work with others						
Analytical Ability						
Analytical Skills						
Dependability						
Intellect						
Maturity						
Motivation						
Oral Communication						
Self Confidence						
Written Communication						

3. Recommendation for graduate study:

- _____ Recommend enthusiastically
- _____ Recommend with confidence
- _____ Recommended

- _____ Recommend with reservation
- _____ Not recommended

Use this space for your assessment of the student's capabilities (attach other sheets if necessary).

Signature of recommender: _____ Date: _____

Name (printed or typed): _____

Title: _____

Institution: _____

Address: _____

Please mail completed form to:
Director, Graduate Business Programs
Stetson University
421 N. Woodland Blvd., Unit 8398
DeLand, FL 32720-3774