



Recommendation Form

This section to be completed by the applicant (please print)

Please give this form and the recommendation envelope to the person writing the recommendation. You or the recommender may return the form via email

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 Name of applicant Date of birth (MM/DD)

.....
 Name and title of recommender

.....
 Relationship of recommender to applicant From To

I recognize the confidential nature of this document and I waive my right to access. I do not waive my right to access.

.....
 Signature of applicant Date

This section to be completed by the recommender

This applicant is seeking admission to the MBA program at the University of Detroit Mercy. To assess the appropriateness of this choice for the individual, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate. Also, if you wish to supplement the recommendation with additional comments, attach an extra page. However, please complete this form.

1. Please indicate your evaluation of the applicant by checking the appropriate rating.

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Problem Solving (is able to define the problem; uses critical thinking; is flexible and objective; is imaginative and reflective)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (writes clearly; presents ideas in an organized fashion; articulates ideas effectively in spoken form; listens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics/Values (is willing to examine the impact of personal and professional choices; demonstrates beliefs concerning what is morally right and proper as opposed to what is simply correct or effective; is aware of social, political, and economic inequalities and their effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation (demonstrates initiative; works hard; assumes responsibility; is goal driven demonstrates; empathy, patience, respect, caring, and sense of humor)enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment (identifies with, is involved in, and enjoys membership in the organization) is willing and able to tolerate ambiguity; maintains appropriate boundaries; is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service (volunteers to benefit the community and/or its institutions; practices responsible citizenship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What are the applicant's strengths as you see them?

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3. What are the applicant's limitations as you see them?

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4. Other comments:

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5. Check one: I strongly recommend the applicant for admission. I recommend the applicant for admission with some reservation.
 I recommend the applicant for admission. I do not recommend the applicant for admission.

.....
Signature of Recommender Date

.....
Name of Recommender Title Phone

.....
Institution Email Address

.....
Address City, State, Zip

Thank you for submitting this recommendation.

**Please make a photocopy for your records.
Please return completed form via email**

By Email: sabbagom@udmercy.edu