

recommendation form

Please mail directly to: DBA Program Director
Falls School of Business, Anderson University
1303 E. 5th St., Anderson, IN 46012-3468

To be completed by applicant

Applicant name

LAST

FIRST

MIDDLE

To be read by applicant and recommender

Under the Family Rights and Privacy Act of 1974, students enrolled at Anderson University have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Anderson University, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

If you wish to waive your right to examine this letter of recommendation, please sign here:

Signature of applicant

DATE

To be completed by recommender

I. Summary evaluation: Using the chart, rate the applicant relative to others you have known in a similar capacity.

	Above Average			Average			Below Average		
	1	2	3	4	5	6	7	8	9
Native intellectual ability									
Breadth of general knowledge									
Ability in oral expression									
Perseverance									
Emotional maturity									
Imagination and creativity									
Potential as a teacher									
Ability to work independently									
Motivation for proposed program of study									
Background for proposed program of study									

