



**MBA Program
School of Management**

Admission Recommendation Form

To The Applicant:

Enter your name below and sign the statement if you wish to make this a confidential recommendation by waiving your right of access as described in the note to the recommender.

Applicant's Full Name _____

(Optional) I waive my right of access to any information provided by the recommender.

Signature _____ Date _____

To The Recommender:

The person named above is applying for admission and has requested that your evaluation be included as part of the information on which the University of Michigan – Flint's MBA Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived by the statement above. Your assistance to the Admissions Committee by providing responses to the following questions is greatly appreciated.

1. How long and in what capacity (professional and/or academic) have you known the applicant?

2. Many qualities, including reasoning, communication, interpersonal skills and leadership contribute to an individual's effectiveness. Please comment on the questions below.

A. What are the applicant's strengths in these areas?

B. What qualities does the applicant still need to develop for an effective career?

3. What special personal qualities does the applicant possess?

4. What problems will the applicant confront in attempting to complete an MBA degree?

5. How does the applicant rate on the following criteria?

	Exceptional	Excellent	Very Good	Good	Average	Below Average	Unable to Judge
Analytical Ability							
Quantitative Ability							
Written Ability							
Oral Ability							
Integrity							
Goal Directedness							
Leadership Potential							

I enthusiastically recommend recommend recommend with some reservations do not recommend
 Applicant for admission to the University of Michigan – Flint MBA program.

I understand that the applicant may have access to this information unless the waiver statement on the front of this form has been signed.

Signature of Recommender _____ Date _____

Name of Recommender _____

Title and Organization _____

Street Address _____

City, State, Zip _____

Please return the recommendation in a signed, sealed envelope to the applicant or by mail to:

**Office of Graduate Programs
 University of Michigan – Flint
 303 East Kearsley Street
 Flint, MI 48502-1950**

Thank you for your assistance.