



**SAN FRANCISCO  
STATE UNIVERSITY**

**College of Business Graduate Programs  
San Francisco State University  
835 Market Street, Suite 550  
San Francisco, CA 94103**

## **Letter of Recommendation for The College of Business Graduate Programs**

**Please refer to the [mba.sfsu.edu](http://mba.sfsu.edu) website for the application deadline**

### **Part I– To Be Completed By Applicant**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last (Family) Name First Name

Email Address: \_\_\_\_\_ Signature : \_\_\_\_\_

**Applicant:** Inform your recommenders of the application deadline and provide the recommenders a copy of your résumé and any pertinent information that would be helpful for them to write a recommendation for you. Request your recommender to seal and sign the back flap of the envelope. Your recommenders may send the letter by mail to the address listed above or email to [mba@sfsu.edu](mailto:mba@sfsu.edu).

This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access. **Check one box.**

- ☐ I waive my right of access to this letter of recommendation.  
☐ I do **not** waive my right of access to this letter of recommendation.

### **Part II– To Be Completed By Recommender**

**Recommender:** The Applicant named above is applying for admission to Graduate Business Programs.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
2. Please rate this applicant in overall promise to excel in a graduate program. (*Check One Box*)

Not Able To Comment	Below Average Below 50%	Average 50% - 70%	Above Average Top 30%	Superior Top 15%	Outstanding Top 5 %

3. On a separate piece of paper, please submit a supporting Letter of Recommendation about the applicant.

**SUBMISSION INSTRUCTIONS:** Fill out Part II of this form and return with Part I completed by the applicant. Please mail this form to the address listed above.

**Recommender's Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position or Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institution or Organization:** \_\_\_\_\_

**Recommender's Signature:** \_\_\_\_\_

*GBP LOR Cover Form 10\_2013*