

**DOCTORAL STUDIES PROGRAM
COLLEGE OF BUSINESS ADMINISTRATION
FLORIDA INTERNATIONAL UNIVERSITY**

LETTER OF RECOMMENDATION

(Last Name) _____

(First Name) _____

(Middle Name) _____

To the Applicant: The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation.

☐ I waive my right to inspect the contents of the following recommendation.

☐ I do not waive my right to inspect the contents of the following recommendation.

Signed _____ Date _____

To the Recommender: The person whose name appears above is applying for admission to the Doctoral Program in Business Administration and has requested that your evaluation be included as part of the information on which we will base our admission decision. We would appreciate your candid evaluation of the applicant and we thank you for your time and effort.

Our admission procedure requires that the applicant gather all documents including the recommendations and submit a complete set of materials with the application. This system allows the candidate to know when the application is complete and when it is submitted. After completing this form, please enclose it in an envelope, seal the envelope, and **sign across the seal**. Return the envelope to the applicant who will submit it to us, unopened, with the remaining application materials. We will mail an acknowledgement postcard to you when we have received the recommendation in its sealed envelope.

1. How long and in what capacity have you known the applicant?
2. Please use the space below (and additional sheets if necessary) to make a statement on the applicant's qualifications for graduate study in management and potential for becoming a responsible and successful manager. Please include an assessment of the applicant's major strengths, weaknesses and leadership capabilities.

3. Please compare the applicant with others you have known during your professional career. Indicate the reference group with whom you are comparing this applicant (i.e., other Ph.D. candidates, other students, other employees).

	EXCEP- TIONAL (Top 2%)	OUTSTAND- ING (Top 10%)	VERY GOOD (Top 20%)	GOOD (Top Third)	AVERAGE (Middle Third)	BELOW AVERAGE (Bottom Third)	NO OPPOR- TUNITY TO OBSERVE
Intellectual Ability							
Creativity and imagination							
Maturity							
Self-confidence							
Motivation and drive							
Personal Integrity							
Ability to analyze a problem							
Planning skills (organization)							
Oral communication skills							
Written communication skills							

I recommend / do not recommend that this applicant be admitted to the Ph.D. Program at Florida International University.

☐ strongly recommend ☐ recommend with some reservation

☐ recommend ☐ do not recommend

My reservations are:

Signature	Date
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Name	Title
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(Please type or
print) Employer
Business Address

City	State	Zip Code	Telephone
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