

STUDENT RECOMMENDATION FORM
Master of Business Administration in Information Technology Program
Trevecca Nazarene University

To be completed by the student:

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____

City/State/Zip: _____

I agree that the recommendation I am requesting shall be held in confidence by officials at Trevecca Nazarene University, and I hereby waive any rights I may have to examine it.

_____ Yes _____ No

Applicant's Signature _____

To be completed by the evaluator:

The person whose name appears above is applying for admission for the MSM/MBA Program at Trevecca Nazarene University. It would be helpful to the admissions committee if you would give us your assessment of the applicant.

1. Please rate the applicant in each area listed below:

Qualifications	Unusually Outstanding	Superior	Good	Average	Poor	No Basis to Judge
Oral Expression						
Written Expression						
Intellectual Ability						
Ability to Work With Others						
Leadership Potential						
Motivation & Organization						
Ethical Behavior						
Overall Potential						

Over

2. Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and/or weaknesses. We will appreciate your candid appraisal. Attach another sheet, if necessary.

3. Overall rating:

- a. ____ Recommend enthusiastically
- b. ____ Recommend with confidence
- c. ____ Recommend
- d. ____ Recommend with reservation
- e. ____ Do not recommend

Signature of person providing recommendation

Position/Title

Relationship to applicant

Date

Name (please print) _____

Company name _____

Address _____

Phone (_____) _____ - _____

Please mail completed form to:

*Office of MHR/MSM/MBA
Trevecca Nazarene University
333 Murfreesboro Road
Nashville, TN 37210-2877*