

Return evaluation form to:  
 Executive MBA  
 College of Business  
 The University of Texas at Arlington  
 Box 19377  
 701 S. West St.  
 Arlington, TX 76019-0377



UNIVERSITY OF  
**TEXAS**  
 ARLINGTON

**EXECUTIVE MBA**  
 COLLEGE OF BUSINESS

EMBA@uta.edu  
 www.uta.edu/emba  
 (office) 817-272-1748  
 (fax) 817-272-2073

**CONFIDENTIAL EVALUATION FORM**

Please type/print clearly.

**TO THE APPLICANT**

Name: \_\_\_\_\_  
First Middle Last Suffix

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants may either waive or reserve the right to see this confidential evaluation after it has been completed and submitted. Please indicate your choice below before submitting this form to be completed by your chosen evaluator.

I waive the right to see this evaluation form after it has been completed and submitted.

I reserve the right to see this evaluation form after it has been completed and submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE PERSON COMPLETING THIS EVALUATION**

The person whose name appears above is applying for admission to the Executive MBA program at The University of Texas at Arlington College of Business. Your assessment of this applicant will be very helpful. Please be as specific and candid as possible. In compliance with Section 504 of the Rehabilitation Act of 1973, those providing evaluation (letters) are asked not to refer directly or indirectly to an applicant's handicap or physical disability.

Because the application for admission will not be considered until this form has been received, we request this evaluation be given your prompt attention. We realize the time that is involved in the preparation of this evaluation and appreciate your assistance and interest.

Please complete, sign and return this form to the UT Arlington College of Business in a sealed envelope using the mailing address provided at the top of this form. Please retain a copy of this form for your records.

Your full name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Under what circumstances do you know the applicant? \_\_\_\_\_

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Relative to the applicant, please rate him or her on the following characteristics and functions:

	Superior	Excellent	Good	Above average	Below average	No basis for judgement
Intellectual ability						
Ability to work in teams						
Self-discipline						
Self-confidence						
Managerial Potential						
Communicates effectively in writing						
Analyzes problems and formulates solutions						

	<b>Superior</b>	<b>Excellent</b>	<b>Good</b>	<b>Above average</b>	<b>Below average</b>	<b>No basis for judgement</b>
Assumes leadership						
Works with others						

In what areas can the applicant improve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other comments that you think would help us evaluate the leadership potential of this applicant (you may use a separate sheet of paper, if you prefer).  
\_\_\_\_\_  
\_\_\_\_\_

Please provide an overall rating of the applicant:

- Strongly recommend       Recommend       Recommend with reservations       Do not recommend

*Please print, sign and submit this evaluation form to the mailing address provided at the top of the first page.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date