



**Admission Recommendation**

Fordham University  
 Graduate School of Business  
 Admissions Office  
 113 West 60th Street  
 Lowenstein Room 616  
 New York, New York 10023

**Applicant Information**

\_\_\_\_\_  
 Last (family) Name First (given) Name Date of Birth

\_\_\_\_\_  
 Email Program Term

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you enroll in the Graduate School of Business. If no signature appears, the right of access is considered waived.

I choose to waive my right of access Signature \_\_\_\_\_

I choose not to waive my right of access Date \_\_\_\_\_

**Recommender Information**

\_\_\_\_\_  
 Name Last First Email

\_\_\_\_\_  
 Title/Position Organization

\_\_\_\_\_  
 Address

\_\_\_\_\_

\_\_\_\_\_  
 City State/Province Postal Code Country

\_\_\_\_\_  
 Phone Number Fax Number

## Recommendation Information

How long have you known the applicant and in what capacity?

In your opinion, what is the candidate's motivation and suitability for a career in management? Comment on his/her principal strengths and weaknesses in this respect.

How have the applicant's professional responsibilities changed during the time you have known him/her?

Describe a contribution made by the applicant that improved the work of your company.

Please provide any additional comments regarding the applicant's aptitude for graduate work and a career in business and management.

## Evaluation

Please compare this applicant with other people you know in the workforce or within your institution who have applied for admission to business school.

- Excellent—Top 15%
- Good—Top 30%
- Average—Mid 35%
- Below Average—Bottom 35%
- Unable to Judge

Oral Communication Skills: \_\_\_\_\_ Written Communication Ability: \_\_\_\_\_

Analytical/Quantitative Ability: \_\_\_\_\_ Problem Solving Skills: \_\_\_\_\_

Interpersonal Skills in a Work Group Context: \_\_\_\_\_ Innovative Ability: \_\_\_\_\_

Self-motivation: \_\_\_\_\_ Maturity: \_\_\_\_\_

Integrity: \_\_\_\_\_ Leadership Potential: \_\_\_\_\_

## Letter of Recommendation

If you would like to provide a letter of recommendation, please attach the document to this packet.

## Additional Comments

Please attach a document with any additional comments that you would like Fordham University to review about the applicant.

## Recommender Signature

I certify that the information provided within this recommendation, including all attachments hereto, are true, correct and complete to the best of my knowledge.

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Signature

Printed Name

Date