

Governors State University
Recommendation for Graduate Program
College of Business and Public Administration

Applicant's Name _____

Current Address _____

Check one:

- MS-ACTG
- MPA
- MBA
- MS-MIS

- Applicant :**
1. Please complete the information above.
 2. Read the statement below, and if you choose, sign it where indicated.

Under the federal law entitled the Family Educational Rights and Privacy Act of 1974, (FERPA) students are given the right to inspect their records, including letters of recommendation. While we will consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of a student's qualifications, abilities, and promise.

We invite you, therefore, but do not require you to sign the following waiver.

I expressly waive any rights I may have to access this evaluation letter under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

Signature: _____

Date: _____

Evaluator:

Please complete the information requested on **both pages** of this form. If you need more space, staple additional sheets of paper to this evaluation form. Your comments will be completely confidential if the applicant has signed the statement above. When finished you may fax this form to 708-534-8457, or seal this form in an envelope, write your name across the seal on the flap, and mail to:

CBPA Graduate Admission Committee
Governors State University
Academic Advising Office, G281
1 University Parkway
University Park, IL 60484

Letter of Recommendation

Applicant's Name: _____

Please rate the applicant on each characteristic in comparison with others you have known with approximately the same amount of experience and training. Place an "x" in the appropriate box beneath the scale at the top.

	Excellent Top 10%	Good Top 25%	Average Top 50%	Below Average Below 50%	Unable to Judge
Academic Promise					
Analytical Skills					
Communication Skills: Oral					
Communication Skills: Written					
Imagination & Creativity					
Initiative					
Managerial and Leadership Skills					
Professional Ethics					
Quantitative Skills					
Teamwork					
Technical Competence					
Time Management Skills					

1. How long have you known the applicant? In what capacity have you known the applicant?

2. Please evaluate the applicant's achievements when compared to those of his or her peers (specifically in assuming increasing responsibility) and provide a reference group with which you are making a comparison.

3. Please discuss observations you have made concerning the applicant's leadership ability and his or her teamwork skills.

4. Please discuss the applicant's strengths.

5. Please discuss the applicant's weaknesses or developmental needs. What efforts has the applicant made to improve in these areas?

6. Please provide any additional insight you have which would allow us to make an appropriate decision about this applicant. Comments about the applicant's aptitude for graduate work and a career in Management will be appreciated.

Evaluator's Signature _____ Date _____

Evaluator's Name (please print or type) _____

Position or Title _____

Address _____

Employer _____

Telephone _____