



University of Cincinnati MS-Marketing Program

Recommendation for Admission

Graduate Programs Office
College of Business
University of Cincinnati
PO. Box 210020
Cincinnati, OH 45221-0020, USA

Applicant's Name

last first middle

The Family Educational and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this recommendation.

Signature of Applicant

Date

Note to recommender: When you have completed the recommendation form, place it in an envelope, sign your name across the seal and return it to the applicant. The applicant will then submit the sealed envelope to the Graduate Programs Office as part of the application process. Please accept our thanks for your help in assessing the applicant's qualifications.

How Long Have You Known the Applicant?

In What Capacity?

Please Rate the Candidate's Ability of Level in the Following Areas:

	Superior	Above Average	Average	Below Average	Unable to Judge
skill in written communication					
skill in oral communication					
mathematical aptitude					
intellectual aptitude					
maturity level					
motivation level					
ability to work with others					

strongly recommend recommend recommend with reservations do not recommend

Please type your evaluation in the space provided or feel free to provide this information on a separate page.

I Understand the Applicant May Have Access to This Information Unless the Waiver Statement is Signed.

Signature of Recommender

Date

first

middle

last

position/title

firm or school

Address

Address line #1

Address line #2

city

state/province

zip/postal code

country

telephone

email
