



Academic Recommendation Form Doctor of Management Program

Instructions to the Applicant

Complete the section below and provide your evaluator with a stamped, self-addressed envelope.

Applicant's Name: _____

In accordance with federal regulations, documents in a student's file are open to inspection by the student on request, unless the student has waived the right to inspect such documents in advance. Complete and sign the section below. Your right to review this form is considered waived if you fail to complete this section.

Please check: I DO I DO NOT waive my right of access to this document.

Applicant's Signature: _____ Date: _____

Instructions to the Evaluator

Upon completion, this form should be returned to the applicant in the envelope provided. The envelope should be sealed and have your signature across the seal. The applicant will forward the envelope, unopened, to University of Maryland University College.

Name of Evaluator: _____

Position or Title: _____ Organization: _____

Address: _____

How long and in what capacity have you known the applicant? If the applicant was a student of yours, please list the courses. _____

Please rate the applicant using the following scale and characteristics:

	Superior	Above Average	Average	Below Average	Unable to Assess
Intellectual Ability					
Intellectual Curiosity					
Dedication to Learning					
Quantitative Ability					
Creativity					
Interpersonal Skills					
Critical Thinking					

In the space below (or as an attachment to this form), provide the Admissions Committee with an assessment of the applicant's breadth and depth of knowledge in his or her chosen field.

Provide the Admissions Committee with any additional relevant information concerning the applicant's suitability for the doctoral study below.

Signature of Evaluator: _____ Date: _____

Daytime Telephone: _____ E-Mail Address: _____

Thank you for your effort on behalf of the applicant.

