



Professional 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

On 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? _____

Please rate the applicant using the following scale and characteristics:

	Superior	Above Average	Average	Below Average	Unable to Asses
Teamwork					
Human Relation Skills					
Familiarity/Comfort with Technology					
Leadership					
Creativity					
Goal Orientation					

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 information concerning the applicant's professional competence and suitability for the doctoral study in his or her chosen field below.

Signature of Evaluator: _____ Date: _____

Daytime Telephone: _____ E-Mail Address: _____

Thank you for your effort on behalf of the applicant.

