

UNIVERSITY OF MARYLAND



University College

Recommendation Form

Doctor of Business Administration

Instructions to the Applicant

Recommendations must be from individuals that are able to assess your professional or academic background and suitability for the doctoral study in your chosen area of specialization. Personal recommendations are not acceptable for the application. The recommendation must be signed by the evaluator; electronic signatures are not acceptable. Once the evaluator has completed the recommendation, they must submit it directly to UMUC at admissions@umuc.edu.

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, please submit this form directly to UMUC via e-mail to admissions@umuc.edu. Please include the student's name in the subject line of your e-mail so that it can be linked to the appropriate student.

Name of Evaluator:

Position or Title:

Address:

Organization:

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 of knowledge in their chosen field.

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

Signature of Evaluator:

Date:

E-mail Address:

Daytime Telephone: