



Professional Recommendation Form

The Corban MBA

Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your professional conduct and potential as a graduate student. This should be someone who has known you for at least one year and is not a relative. If possible, your recommendation should be from someone who has observed you in a business or leadership role.

Last	First	Middle	
Address	City	State	Zip

Recommendation *(To be completed by evaluator)*

The individual whose name appears above is required to provide a reference prior to being admitted to The Corban MBA. Applicants are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation is appreciated.

1. How long have you known the applicant and in what capacity? *(Be specific)* _____

2. How do you perceive the applicant's potential for success in graduate school? _____

3. How do you perceive the applicant's potential for effectiveness in business? Or, if the applicant is already a business professional, how do you rate their current effectiveness? _____

Qualities

	Superior	Above Average	Average	Below Average
Intellectual Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

Evaluator's Name _____

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

May we contact you if we need clarification concerning this form? Yes No

Signature _____ Date _____

Please return to:

GRADUATE & ADULT DEGREE ADMISSIONS

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