

**RECOMMENDATION FORM**

APPLICANT'S NAME

RECOMMENDER'S NAME

**Applicant Instructions:**

Each applicant to the Carlson Full-Time MBA program is required to submit two letters of recommendation.

As part of current data privacy regulations, applicants have the right to view the contents of their application file upon request unless they have specifically waived that right. While it is not required, we would strongly suggest that you complete the waiver below in order to allow your recommender to provide an open and honest assessment.

**Waiver**

I understand that by signing below, I waive all rights to view materials submitted as a recommendation to the Carlson Full-Time MBA program by the recommender named above.

SIGNATURE

DATE

**Recommender Instructions:**

The person whose name appears above is applying to the Carlson Full-Time MBA program at the University of Minnesota.

The admissions committee carefully considers the statements made by recommenders who can evaluate the applicant's performance and personal qualities through direct experience. Please answer the following questions, using this form, in as specific and candid a manner as possible, particularly noting maturity, goals, direction, and initiative.

The admissions committee understands the time and care necessary to prepare this recommendation and gratefully acknowledges your help.

If the applicant has completed the waiver above, this recommendation form and any additional materials you submit will be kept confidential and the applicant will not be able to request access to it. If you would like to complete a confidential recommendation, please make sure that the applicant has signed the waiver.

WRITER'S NAME

DAY PHONE NUMBER

COMPANY

TITLE

HOME ADDRESS

EMAIL ADDRESS

CITY

STATE

ZIP

Are you a University of Minnesota MBA program graduate?  Yes  No

YEAR

PROGRAM

How long have you known the applicant? \_\_\_\_\_  
YEARS MONTHS

I am the applicant's direct supervisor

Under what circumstances have you known the applicant? \_\_\_\_\_

Please evaluate the applicant's demonstrated and/or potential managerial and leadership abilities. \_\_\_\_\_

What do you consider the applicant's most outstanding talents or characteristics? \_\_\_\_\_

APPLICANT:  
Please specify to your recommender whether you would like your recommendation returned to you or sent directly to the Carlson Full-Time MBA program; you may wish to provide your recommender with a stamped and addressed envelope for this purpose. Remember that if the letter of recommendation is returned to you in a sealed envelope, it should be submitted to the Carlson Full-Time MBA program unopened.

RECOMMENDER:  
Please place your recommendation in a sealed envelope and sign across the seal on the envelope flap so that we can verify the confidentiality of the document when it is received.

This recommendation form can also be found on our website at [carlsonschool.umn.edu/ftma/apply](http://carlsonschool.umn.edu/ftma/apply)

Carlson Full-Time MBA  
321 19<sup>th</sup> Ave South  
Suite 1-110  
Minneapolis, MN 55455

What are the applicant's chief liabilities or weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent does the applicant demonstrate creativity and independence in thinking? Describe a situation that has demonstrated this. If you have not had an opportunity to observe this, please indicate so. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent does the applicant demonstrate the ability to work with and/or lead others? Please give an example of how you have observed this. If you have not had an opportunity to observe such a situation, please indicate so. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The admissions committee would appreciate any additional statement you wish to make concerning the applicant's capacity for graduate work and potential for becoming a responsible and successful manager and leader. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please compare the applicant with others you have known during your professional career. For each of the categories below, please place the applicant in the appropriate reference group.

	1-TRULY EXCEPTIONAL	2-EXCELLENT	3- ABOVE AVERAGE	4-AVERAGE	5-BELOW AVERAGE	6-INADEQUATE OPPORTUNITY TO OBSERVE
Analytical ability	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____
Self confidence	_____	_____	_____	_____	_____	_____
Self awareness	_____	_____	_____	_____	_____	_____
Written skills	_____	_____	_____	_____	_____	_____
Oral skills	_____	_____	_____	_____	_____	_____
Assertiveness	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____	_____

	1-OUTSTANDING CANDIDATE	2-STRONG CANDIDATE	3-AVERAGE CANDIDATE	4-FAIR CANDIDATE	5-POOR CANDIDATE
Overall impression of candidate	_____	_____	_____	_____	_____

WRITER'S SIGNATURE

DATE