

**RECOMMENDATION FORM**

Name of Applicant (Printed): \_\_\_\_\_

**AUTHORIZATION FOR WAIVER: TO BE READ AND SIGNED BY APPLICANT BEFORE GIVEN TO THE EVALUATOR.**  
(Waiver not required as a condition of admission to the DeSales University MBA Program.)

I understand my right under the U.S. Family Education Rights and Privacy Act to review confidential recommendations for admission with reference to my application to the MBA Program at DeSales University.

I **do/do not (circle one)** waive my right to review this recommendation report when completed by the evaluator.

Signature of Applicant

Date

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FOR APPLICANT: After completing the above portion, send/give this form to the individual you have selected to provide a recommendation for you. Provide them with a pre-addressed, stamped envelope. Address the envelope to be delivered to: The Romanian-American University, MBA Program in Project Management Office, 1B Expozitiei Blvd., Sector 1, Bucharest, Romania.

FOR EVALUATOR: After completing the below sections of this recommendation form, please return it in the pre-addressed, stamped envelope provided.

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Please evaluate this applicant on the scale below in comparison with peers of his/hers whom you have known during your professional career. We are specifically interested in your evaluation of the applicant's ability to undertake a rigorous academic program of graduate studies in business.

	Top 10%* (Outstanding)	Next 20%* (Excellent)	Mid 1/3* (Average)	Lower 1/3* (Below Average)	Insufficient* Information
Intellectual Ability					
General Knowledge and Intelligence					
Maturity					
Initiative and Motivation					
Ability to Work Independently					
Ability to Work as a Team Member					
Oral Communication Skills					
Written Communication Skills					
Clarity of Goals for Graduate Study and Career					
Overall Potential for Graduate Study					

Please indicate for how long and in what capacity you have known the applicant: \_\_\_\_\_

Name of Respondent (type or print): \_\_\_\_\_

Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Respondent: \_\_\_\_\_

Date: \_\_\_\_\_

\*(Please explain on reverse side.) Use reverse side of this form to provide a narrative statement if you wish to further explain your evaluation provided above or to provide other relevant information not addressed.

