



# MASTER OF SCIENCE IN BUSINESS COMMUNICATION

## RECOMMENDATION FORM

### APPLICANT

Please fill in the information requested below. Forward one form to each recommender.

Under the provisions of the Family Educational Rights and Privacy Act, you have the right, if you enroll in the Spalding University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right and sign your name.

I waive  / do not waive  any right of access that I may have to this recommendation form.

Print name \_\_\_\_\_

### RECOMMENDER

(Only Professional Recommendations: For example, Professor, Manager, Supervisor)

To the person writing this recommendation: The admissions procedure for Spalding University requires applicants to provide recommendations. This form is to be completed, saved, and emailed directly from the recommender to the MSBC Program ([schoolofbusiness@spalding.edu](mailto:schoolofbusiness@spalding.edu)) or mailed from the recommender to, Spalding University, 901 S. Fourth St., Louisville, KY 40203.

Recommender's name \_\_\_\_\_

Title \_\_\_\_\_ Institution/Agency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Please rate the applicant in the areas indicated below by checking superior, excellent, good, average, or not applicable if unable to comment.

	Superior	Excellent	Good	Average	Not Applicable
Native intellectual ability					
Analytical ability					
Problem-solving ability					
Ability or promise as a leader					
Quality of oral expression					
Quality of written expression					
Interpersonal skills					
Motivation and energy					
Organizational ability					
Self-reflection for growth					
Creativity					
Ability to work with others					
Commitment to education					
Professional ethics					

2. How long have you known the applicant and in what capacity?

---

---

---

---

3. Does this applicant have the maturity, ability, and stability to work independently and with others?

---

---

---

---

4. What do you consider to be the applicant's strengths?

---

---

---

---

5. What do you consider to be the applicant's weaknesses?

---

---

---

---

6. Please describe some activity or program in which the applicant was involved that illustrates his or her special abilities.

---

---

---

---

7. Please make any additional comments. Thank you!

I Accept. By selecting "I Accept" and typing your name below you are signing this form. You agree your electronic signature is the equivalent of your written signature.

Type Name \_\_\_\_\_ Date \_\_\_\_\_