

RECOMMENDATION STATEMENT

Applicant's Name: _____

(Please print or type)

For Applicant's Signature

In accordance with the Family Education Rights and Privacy Act of 1974, you, the applicant, have the right to review this recommendation if you enroll at Moravian College. This Act also provides that you may waive your right by signing the statement below.

I hereby ☐waive ☐do not waive my right of access to this recommendation.

Signature: _____ Date: ____/____/20____

Failure to complete and sign this section will be considered an expressed waiver of your rights.

Recommender

The person listed above has applied for admission to the Moravian MBA, Master of Health Administration, or Master of Science in Human Resource Management program and has given your name as a recommender.

Please provide us with your candid evaluation of this individual's strengths and weaknesses in the following areas – business competencies, managerial competencies, and your assessment of the candidate's ability to be successful in our graduate program. Please use only this form and return it to the address above. Please sign your name over the flap of the envelope. Your recommendation statement will be considered in the evaluation of this candidate's application for admission. You may be contacted by someone from Moravian College about the applicant.

Your personal experience with the candidate provides a perspective we find valuable in our assessment of his or her application for admission. We value your personal and candid opinion of his or her potential as a leader. Thank you for taking the time to share your insights with us.

Name of Recommender: _____

Please Print

Position/Title: _____ Organization: _____

Telephone: (____) _____ ext. _____ Email: _____@_____

How long have you known the Applicant? _____ months/years

In what context have you known the Applicant? _____

What are the Applicant's particular strengths? _____

Please rate the Applicant along the following scale – Excellent, Superior, Distinguished, Fair, or Weak – by putting a check mark in the appropriate box next to the descriptive sentence. When rating the Applicant please consider the group of people you are rating him or her against. Please describe, on the line immediately below, that group of people to which you are comparing the Applicant.

Your Assessment of the Applicant

Inadequate Opportunity to Observe		Excellent (Top 5%)	Superior (Top 10%)	Distinguished (Top 25%)	Fair (Top 50%)	Weak (Lower 50%)
	Proficiency in use of technology, especially spreadsheets and word processing					
	Proficiency in quantitative or mathematical skills					
	Effectiveness in oral expression such as presentations and one-to-one communications					
	Effectiveness in written communication such as correspondence and reports					
	Performance or potential as a creative or innovative leader					
	Ethical, values-based behavior or inclination as a leader					
	Motivation and initiative in establishing goals					
	Perseverance in achieving goals					
	Ability to manage and achieve multiple tasks concurrently					
	Ability to analyze a situation, generate viable alternatives, and select an effective solution					
	Performance or potential as an effective team player					
	Flexibility and adaptability to change					
	Ability to create and communicate a vision					
	Overall performance or potential as a leader					
	Intellectual aptitude or potential					
	Productivity in independent work or projects					
	Overall potential for success in graduate business study					

What is your overall assessment of the Applicant as a candidate for a graduate business program?

_____ Excellent (Top 5%)

_____ Superior (Top 10%)

_____ Distinguished (Top 25%)

_____ Fair (Top 50%)

_____ Weak (Lower 50%)

Recommender's Signature: _____ Date: ____/____/____