



COLUMBUS STATE UNIVERSITY

Graduate Business Programs

D. Abbott Turner College of Business
Columbus State University

4225 University Avenue • Columbus, GA 31907-5645

RECOMMENDATION FORM

Applicant Name

.....
Last *First* *Middle*

To the applicant:

Please type or print your name above. Give this form, along with a self-addressed and stamped envelope, to your employer, professor or person familiar with your previous and/or present work. The recommender should place the completed form in the envelope and return it to you signed and sealed. Submit the unopened envelope with your application packet to the Office of Admissions.

To the recommender:

Please answer the following questions. We place a great deal of emphasis on your comments. This recommendation is required for admission to CSU's graduate business programs, so a prompt return to the applicant is very important. Your time and thoughtfulness are greatly appreciated. After completing this form, please place it in the envelope provided by the applicant, seal it, and sign across the flap. Then return it to the applicant. Thank you.

(Please type or print your answers to the questions below.)

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

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2. In your opinion, what are the applicant's strengths?

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3. In your opinion, what are the applicant's weaknesses?

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4. How might a graduate degree enhance the applicant's position or abilities?

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Please mark(X) the appropriate boxes:

	Outstanding	Above Average	Average	Below Average	Unable to Rate
Interpersonal Skills					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Skills					
Managerial Potential					

Overall Rating:

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Do Not Recommend

In the space below, please write any additional comments that you feel may aid the applicant in the evaluation process.

Signature Date

Name

Title

Organization Name

Address

.....

Tel: ()..... E-mail: