



## RECOMMENDATION FORM

### Applicant

Please type or print. Complete this section, and sign below. Give this form and an envelope to the person whom you have asked to recommend you. When that person returns the signed and sealed envelope to you, include it with your other application materials.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Proposed Term/Year of Admission: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, you can waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive this right, you will have access to the recommendation only if you are admitted to and enrolled in the Providence College MBA Program.

I hereby waive my right of access to this recommendation.

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

\_\_\_\_\_  
In place of your signature, please type your full legal name.

\_\_\_\_\_  
Date

### Recommender

Candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable. We appreciate the time you are taking to provide the information. If you have any questions about the recommendation or the application process, please feel free to contact us at [mba@providence.edu](mailto:mba@providence.edu).

### Letter of Recommendation (optional)

Please attach a separate statement on letterhead to this form with your responses to the following questions:

1. How long have you known the applicant and in what capacity?
2. What do you consider the applicant's strengths?
3. In which areas could the applicant exhibit growth or improvement?
4. How would you describe the applicant's interpersonal skills?
5. Why do you think this applicant is a good fit for the PC MBA Program?
6. Any additional information?

### Overall Recommendation (required)

I strongly recommend

I recommend

I recommend with some reservations

I do not recommend that this applicant be admitted to the PC MBA Program



RECOMMENDATION FORM

Please rate the applicant in relation to his or her peers (required)

Top 2% Top 5% Top 10% Top 25% Top 50% Bottom 50% N/A

- Academic performance
Intellectual potential
Creativity and originality
Motivation for graduate study
Leadership
Teamwork
Oral communication skills
Written communication skills
Maturity
Professionalism
Integrity
Initiative
Analytical/Quantitative ability

Recommender Background (required)

Name: Title:

Organization: City/State:

Email Address: Telephone:

I am the applicant's: Current Supervisor Past Supervisor Other: Academic Advisor Professor

Is the applicant currently employed by your organization? Yes No

Are you, the recommender, an Alumna/Alumnus of PC? Yes No Year(s) Degree(s)

By signing this recommendation, I acknowledge that the information provided herein is an accurate and true reflection of my assessment of this applicant, and that this recommendation was written entirely by me.

Signature: Date:

In place of your signature, please type your full legal name.

Seal this completed recommendation form and any other materials in an envelope and sign your name across the seal. Return the signed, sealed envelope to the applicant, or send it directly to the MBA Program Office at: 1 Cunningham Square, Ryan Center 135, Providence, RI 02918 or email it in pdf form from a university or business email account to: mba@providence.edu.

This recommendation will remain confidential during the admission process and will be used by the MBA Program in its procedures relative to admission. If the student has not waived the right of access to the recommendation, it will become accessible to the student only if he or she enrolls in the MBA Program.