Recommendation Forms

Please submit:

- Two professional recommendation forms. These should come directly from your current and past supervisors.
- All recommendation forms should be sent directly from your recommender to the MBA program:

  USF MBA Program
  USF Muma College of Business
  4202 E. Fowler Avenue, Mail Stop BSN 3403
  Tampa, FL 33620
  (via email to karencarlin@usf.edu or fax 813 974-4158)
To be completed by the applicant (print of type)

Candidate's Name:

_____________________________  ______________________  ______________________
LAST                      FIRST                      MIDDLE

Date of Birth: __________________________

Address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please check the appropriate box below indicating whether you have/have not waived your right of access to this recommendation evaluation under the Buckley Amendment.

☐ I hereby waive my right of access to this recommendation evaluation.

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

Applicant's Signature ______________________________________________________
TO THE INDIVIDUAL COMPLETING THIS FORM:
The person whose name appears above is applying for admission to the University of South Florida MBA program. Please answer the questions below in as specific and candid a manner as possible. Your comments will be an important factor in the admission decision. We realize this requires time and effort on your part and we appreciate your assistance. Please mail the enclosed form.

Title:  □Mr.  □Mrs.  □Ms.  □Dr.  __________________________  Name

_________________________  Position

_________________________  Employer

Address  City  St  Zip

(_____)  Work Phone

_________________________  Email

Highest Degree Attained

How long has the candidate been employed at your company?  __________________________

What are the job duties performed by the candidate?  __________________________

Please discuss your perception of the applicant’s potential in a professional environment particularly with regard to interpersonal skills and leadership potential.

__________________________________________

__________________________________________

__________________________________________

What do you perceive to be the candidates strengths and weaknesses?

__________________________________________

__________________________________________

__________________________________________
Please rate the applicant on the following components.

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<th>Top 5% Outstanding</th>
<th>Top 15% Excellent</th>
<th>Top Third Good</th>
<th>Middle Third Average</th>
<th>Bottom Third Poor</th>
<th>Not Observed</th>
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<td>Intellectual Ability</td>
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<td>Overall Evaluation</td>
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Describe your level of commitment in recommending this application for the University of South Florida MBA Program

☐ Highly Recommend
☐ Recommend
☐ Recommend with Reservations
☐ Do not Recommend

__________________________    ______________________
Signature                      Date

Attention Supervisors: Recommendation forms should be sent directly to the MBA program at:

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Email karencarlin@usf.edu / fax 813 974-4158