



Everett Dobson
School of Business and Technology
Graduate Programs Recommendation Form

RECOMMENDATION FORM FOR _____
 Student ID# _____

The person whose name appears above is applying for admission to the **SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**

MASTER OF BUSINESS ADMINISTRATION PROGRAM MASTER OF SCIENCE MANAGEMENT PROGRAM

It would be of assistance to the Admissions Committee if you would give us a candid evaluation of the applicant's capabilities by completing this form. Please elaborate on your comments if you feel it would be helpful to the committee. You may use the reverse side of the form for additional space. Your time and effort involved in preparing this recommendation are greatly appreciated by the Committee.

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

Please comment on the applicant's potential ability to perform in graduate school and as a successful manager after the program.

What is your overall evaluation? Please include comments on the applicant's strengths as well as areas for improvement.

Please complete the following, as you perceive the applicant:

	Excellent	Above Average	Average	Below Average	Poor	No Information
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Name and Title (please print or type)

 School/Firm

_____ Phone Number

 City, State, Zip

 Signature

 Date

This recommendation will be held in confidence unless a letter from the applicant is attached stating s/he wishes to view it. If necessary, may we contact you to discuss the applicant? Yes No

Return to:
 College of Professional and Graduate Studies
 Education Bldg Rm 104
 Southwestern Oklahoma State University
 Weatherford, OK 73096-3098