



Albertus Magnus College

700 Prospect Street New Haven, Ct. 06511
Letter of Recommendation
Master of Business Administration

APPLICANT SECTION:

Name of Applicant: _____

This letter will become part of your admissions file. It will not be disclosed to unauthorized individuals without your written consent. Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records, including application materials, if you attend Albertus Magnus College. You may waive your right of access to this letter of recommendation if you so choose. Your decision to waive/not waive your right of access will have no effect upon your application status. Please check the appropriate box and sign your name below:

☐ I waive my right of access to this letter ☐ I do not waive my right of access to this letter

(Signature of applicant) _____

RESPONDENT SECTION:

The applicant whose name appears above desires admission to the Masters of Business Administration program at Albertus Magnus College. We would appreciate your candid assessment of the applicant's suitability for graduate studies. Please evaluate the applicant within the provided criteria, compared with other undergraduate students you have known, worked with, supervised, taught or advised. Any additional information or insight into this applicant's suitability would be appreciated; please use the space provided on the reverse side of this page.

	Excellent Top 5 %	Very Good Top 10%	Good Top 25%	Fair Top 50%	Poor Lower than 50%	No basis for evaluation
Academic ability						
Oral Communication						
Written Communication						
Emotional Maturity						
Interpersonal skills						
Dependability						
Work ethic						

Letter of Recommendation
Master of Business Administration (cont.)

Please use the space below to provide any additional information or insights which describe the applicant's overall ability to excel in this graduate program:

Overall Evaluation:

I recommend this student _____very strongly _____fairly strongly _____with reservation _____not at all.

Name of Recommender

Title/Position

Business/School/Organization Affiliation

Day phone number

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

Signature

Date

Please complete and mail this form to:

Wayne Gineo Ph.D.
Director, Master of Business Administration
Albertus Magnus College
700 Prospect St.
New Haven, Ct. 06511