



# 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:

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