

# RECOMMENDATION FORM

## Executive MBA Program

Mason School of Business

The College of William & Mary

Applicant Name

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

### Instructions to the Applicant

Please indicate your full name above. If your recommendation provider is submitting a letter of recommendation by mail, give this form and an envelope addressed to **Director, Executive MBA Program, The College of William & Mary, P. O. Box 8795, Williamsburg, VA 23187-8795** to your recommender. When completed, ask the recommender to place the completed form in the envelope, seal the envelope, sign across the seal and mail it.

### Instructions to the Recommendation Provider

Please respond to the following questions in type or print and add additional pages as needed. After completing the form, if you are submitting by mail, place it in an envelope provided by the applicant, seal the envelope, sign across the seal and mail it to **Director, Executive MBA Program, The College of William & Mary, P. O. Box 8795, Williamsburg, VA 23187-8795**. This recommendation is a required part of the application process, so a prompt response is important.

The admissions process places a great deal of importance on the comments from recommendation providers. We realize this requires time and effort on your part, and we appreciate your assistance.

### Evaluation Questions

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

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2) What do you consider to be the applicant's primary talents or strengths?

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3) In what areas does the applicant need improvement or growth?

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4) Comment on the applicant's interpersonal skills (effectiveness in establishing and maintaining relationships, working with supervisors, peers and subordinates, willingness to work in a team environment, etc )

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5) Please discuss your perception of the applicant's professional potential following the completion of graduate work.

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6) Please provide any further comments that you feel would aid the Admissions Committee in the evaluation of the applicant.

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**Recommendation Provider's Information**

Recommender's Name Please type or print

Recommender's Title

Recommender's Organization

Recommender's Address

Recommender's Telephone Number

Recommender's Signature Date