

# RECOMMENDATION FORM

Wingate University  
MBA Program  
P.O. Box 3549  
Matthews, NC 28105  
(704) 849-2132  
Fax (704) 849-2468

Applicant Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**To the Applicant:** Enter your name and social security number above.

*I authorize my recommender to provide a candid evaluation and all relevant information to Wingate University.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Federal Legislation guarantees enrolled students access to this recommendation. You may choose to waive this right. Indicate below by circling your choice.

I hereby **WAIVE** / **DO NOT WAIVE** my right to access this recommendation.

**To the Recommender:** The person named above is applying for admission to the MBA Program at Wingate University. Please provide a candid evaluation of the applicant. ***Return this form directly to the address at the top of this form.*** Thank you for your time and assistance.

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

Please rate the applicant in comparison with other students or employees.

Characteristic	Superior	Above Average	Average	Below Average	Not Observed
Leadership Potential					
Motivation					
Maturity					
Ability to Work with Others					
Self-Confidence					
Oral Expression					
Written Expression					
Analytical Skills					

## COMMENTS

(We appreciate your taking the time to comment.)

Recommender's Signature: \_\_\_\_\_

Recommender's Name (please print): \_\_\_\_\_

School or Firm: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_