GOSHEN

Confidential Letter of Recommendation

THE COLLABORATIVE MBA

Instructions to Applicant: Complete the top portion of this form and give it to the person providing your recommendation. Please include an envelope addressed to **Goshen College MBA Program, Attn: Graduate & Continuing Studies, 1700 South Main St., Goshen, IN 46526.**

Applicant's Name _____ _____-_____-_____

Family Name Given Name Middle Name Social Security ID Number

Degree and Program _____

Degree Program Term for which you are applying

The Collaborative MBA keeps the Confidential Letter of Recommendation six months after an admission decision. I agree that the recommendation I am requesting shall be held in confidence by officials with The Collaborative MBA and I hereby waive any rights I may have to examine it. ☐ Yes ☐ No

_____ _____

Signature of Applicant Date

Instructions to the Respondent: Please answer the following questions and on the other side or on your own letterhead, write a short narrative. This letter will serve as an additional credential for The Collaborative MBA Graduate Admissions Committee to judge the applicant qualitatively. We are particularly interested in skills that you have observed which would have a strong bearing on the applicant's success in graduate school.

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

_____

_____

2. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No Basis For Judgment
Maturity						
Motivation and perseverance towards goals						
Ability to express thoughts in speech and writing						
Leadership ability						
Analytical skills						
Ability to work in a team						
Creativity						
Initiative						
Overall appraisal						

Do you recommend that this applicant be admitted to the The Collaborative MBA program?

☐ Strongly recommend ☐ Recommend with reservations

☐ Recommend ☐ Do not recommend

Narrative: Please speak to the candidate's potential success with graduate course work and career development.

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I understand that the applicant may have access to this information unless the waiver statement on the front of this form indicates otherwise.

Signature of recommender: _____ Date:_____

Name: _____ Position: _____

Title Institution or company

Address: _____

Number and street

_____

City State Zip

THE COLLABORATIVE MBA

Please know that your help is appreciated and that your recommendation will be given serious consideration by the Admissions committee. Please place the completed and signed recommendation form in the envelope provided. Seal the envelope and sign across the flap and return the sealed envelope to:
Goshen College MBA Program, Attn: Graduate & Continuing Studies, 1700 South Main St. Goshen, IN 46526.