

Recommendation Evaluation

Note to applicant:

Enter your name and address below. Give or send a copy of this form to two other persons (personal or business associates) who are able to comment on your qualifications for the Healthcare Management MBA program.

Applicant's Name _____
Address _____ City _____ State _____ Zip _____

The Family Education Rights and Privacy Act of 1974 and Florida Statute 228.093(a) entitle students to have access to letters of evaluation in their permanent record file at the Alvah H. Chapman, Jr. Graduate School of Business, Florida International University. The applicant may waive this right of access of evaluation, in which case letters of evaluation will be considered confidential by the Alvah H. Chapman, Jr., Graduate School of Business, Florida International University, and will not be available to the student.

If you wish to waive your right to access this letter of evaluation, please indicate so by signing your name on the line below the following statement.

I, the undersigned, hereby waive all rights to access this letter of recommendation. I agree that the observations made in this letter should be confidential between the writer and the various agencies to whom my credential file may be addressed.

Applicant Signature _____ Date _____

To the individual completing this form:

Please answer the questions below in as specific and candid a manner as possible. Your comments will be an important factor in the admission decision. We realize this requires time and effort on your part, and we appreciate your assistance.

Please return to: FIU Healthcare Management MBA Program
11200 sw 8th street, RB 303A
Miami, FL 33199 or Email to nborkows@fiu.edu

1. How long have you known the applicant and in what capacity?
2. What do you consider to be the applicant's most outstanding talents or characteristics?
3. What do you consider to be the applicant's chief liabilities with regard to completing our academic program and having a successful academic career?

Recommendation Evaluation (continued)

4. Please discuss your perception of the applicant's potential in a professional environment, particularly with regard to interpersonal skills and originality in thinking.
5. Please provide any further comments that you feel would aid in the evaluation of the applicant.

In relationship to other individuals with similar management experiences and responsibilities, please evaluate the applicant as best and as fairly as you can in each of the categories below by placing an "X" in appropriate box below.

	Below Average (Lowest 40%)	Average Middle (Middle 35%)	Above Average (Next Highest 15%)	Outstanding (Next Highest 5%)	Truly Exceptional (Top 5%)
General Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I strongly recommend I recommend recommend with some reservations do not recommend.

that (type or print full name) _____
 be admitted to the Healthcare Management MBA Program at Florida International University, College of Business.

(Please print or type)

Name _____ Signature _____

Position _____ Organization _____

Address _____ Date _____

Florida International University, as an educational institution and as an employer, does not discriminate on the basis of race, color, religion, ethnicity, national origin, age, sex, or marital, veteran or handicapped status. This is a commitment made by the University and is in accordance with federal, state, and local laws and regulations.