Gonzaga University

Graduate School of Business
502 E. Boone Ave.
Spokane, WA 99258-0009
(509) 313-4622 or (800) 986-9585, ext 4622
Fax (509) 313-5811

AIE CONFIDENTIAL RECOMMENDATION Part 1

(To be completed by applicant)

Name of Applicant _____
First Middle Last

I understand that Federal Law, through the Family Education Rights and Privacy Act of 1974, provides me with the right to access to this recommendation and that no school may require me to waive that right.
I hereby ☐ Waive ☐ Do Not Waive my right to access this recommendation.

Signature _____ Date ____/____/____

Part 2 *(To be completed by the person acting as a reference for the applicant)*

In order to help us evaluate the applicant's qualifications for graduate study, your opinion is requested. Please print neatly or type and return this form, or submit a letter of recommendation in a sealed envelope directly to the address listed above.

1. How long and under what circumstances have you known the applicant?

_____
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2. Give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other individuals whom you have known in similar circumstances.

	Exceptional	Very Good	Good	Fair	Below Average	Insufficient Knowledge
Analytical Skills	☐	☐	☐	☐	☐	☐
Collaborative Working Skills	☐	☐	☐	☐	☐	☐
Independent Working Skills	☐	☐	☐	☐	☐	☐
Initiative and Motivation	☐	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐	☐
Intellectual Ability	☐	☐	☐	☐	☐	☐
Leadership Abilities	☐	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐	☐
Oral Communication Skills	☐	☐	☐	☐	☐	☐
Written Communication Skills	☐	☐	☐	☐	☐	☐

3. Using the space provided, please elaborate upon the ratings you have made and offer any additional information that will be helpful to us in considering this applicant for admission to graduate school. Please comment on the applicant's strengths and limitations.

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4. Please indicate your overall endorsement of the applicant:

- ☐ I strongly recommend the candidate for admission
- ☐ I recommend the candidate for admission
- ☐ I recommend the candidate for admission with some reservation
- ☐ I do not recommend the candidate for admission

Your Name _____

Title or Position _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Signature _____ Date ____/____/____

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