

Letter of Recommendation Ph.D. Program

Name of Applicant _____
Last Name First Name M.I.

Social Security Number _____ Applying for: Fall Semester 20_____

Program (circle one): ACCY & TAX FINA MANA MARK MIS OPMGT

To the Applicant: If you agree to waive your right of access to this letter of recommendation and any accompanying statements, please sign the statement below: In accordance with section 438 of the General Education Provisions Act (Title IV, P.L. 90-247, as amended), the undersigned hereby requests to waive "rights of access" to confidential letters and statement submitted to the University of Houston respecting application for a graduate program in business administration.

Student's signature Date

To the Appraiser: The applicant who forwarded this form to you is applying for admission to a doctoral program offered by the C. T. Bauer College of Business at the University of Houston. Your assessment of the candidate's ability to perform in a research-oriented program in the applicant's selected field would be appreciated. Please be as specific as you can with your comments on the applicant's achievement. Your comments regarding this applicant will be held in confidence if the applicant has signed the waiver on this page. Otherwise, we are required by Federal Law to permit the applicant to view the letter of appraisal. The appraisal form should be mailed to:

Bauer College Ph.D. Applicant Materials Coordinator
334 Melcher Hall, Suite 315
C. T. Bauer College of Business
University of Houston
Houston, TX 77204-6021

1. How long have you known the applicant? _____ Years _____ Months

2. Under what circumstances have you known the applicant? _____

3. What are the candidate's most outstanding talents or characteristics? _____

4. What are the candidate's chief liabilities or weaknesses? _____

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5. How would you rate the candidate in the following areas?

	<i>Truly Exceptional Top 1%</i>	<i>Outstanding Top 5%</i>	<i>Well Above Average Top 25%</i>	<i>Average Top 50%</i>	<i>Below Average Below 50%</i>	<i>Do Not Know</i>
Intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The Admissions Committee would appreciate a candid statement concerning the applicant's intellectual capacity, ability to work with others, and creativity. If possible, compare this applicant with other students who have successfully completed a similar Ph.D. program. Feel free to attach a separate letter.

7. I (circle one) **Strongly Recommend**
Recommend
Recommend with Some Reservations
Do Not Recommend

Signature/Date _____
 Organization _____
 Position/Title _____
 Address _____
 City/State/Zip Code _____
 Phone Number _____