

Two references required. Please remove this form and submit to referrer.

Year _____ Spring Spring II Summer Summer II Fall Fall II

TO THE APPLICANT:

Please complete the first section of this form, copy the form and give it to the people you have asked to submit references. Please print or type. To ensure this document is added to your record, please use your full legal name (*as given in your application for admission*) or indicate your Social Security number (*requested for identification purposes only*).

Full Name of Applicant (Last/First/Middle) _____ Social Security Number _____

Proposed Program of Study: Master of Business Administration Master of Management Master of Science Certificate

Print Name of Person Submitting Reference _____ E-mail Address _____

Position/Title _____ Firm or Organization _____

Address (Street/P.O. Box, City, State, Zip Code) _____ Telephone _____

TO THE REFERRER:

The Admission Team would appreciate a statement from you about the applicant named above. Please take a few minutes to evaluate your comments, as they will be strongly considered in the admission process.

1. How long have you known the individual named above? _____

2. In what context do you know the individual? _____

3. Please indicate your assessment of the candidate in the following areas:

Analytical Ability: Problem recognition, structuring and solving.

Poor Fair Good Very Good Excellent Unable to judge

Interpersonal Skills: Effective working relationships with others.

Poor Fair Good Very Good Excellent Unable to judge

Communication Skills: Effective written and oral idea presentation.

Poor Fair Good Very Good Excellent Unable to judge

Motivation: Willingness to work intensely toward goals and career objectives.

Poor Fair Good Very Good Excellent Unable to judge

4. Please make any additional comments you feel are relevant to the applicant's potential performance at GSM. Comments may be continued on another page.

Print Referrer Name _____

Signature _____ Date _____

Note: This recommendation may be faxed directly to 972-721-4009 by the referrer, or handed to the candidate in a sealed envelope (please sign your name across the seal), or mailed to:

University of Dallas, Graduate School of Management
 Office of Admissions
 1845 East Northgate Drive
 Irving, Texas 75062-4736 U.S.A.