

**Letter of Recommendation Form**

Address: 2404 Maile Way #C202 • Phone: (808) 956-5463 • Web: www.shidler.hawaii.edu

APPLICANT: Please complete this top section and then mail or give this form to your recommender.

Name: \_\_\_\_\_  
LAST/FAMILY FIRST MIDDLE  
 (Please print your entire name as it appears on your graduate application)

Degree Applied for: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Under the provision of the Family Educational Privacy Act of 1974, you have the right to review your educational records. Please indicate below whether or not you wish to waive this right.

- I waive my right of access to this recommendation form.  
 I do not waive my right of access of this recommendation form.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

The above applicant is applying for graduate admission (and possible financial support from the Shidler College of Business at the University of Hawai'i at Mānoa. Based on your experience with the candidate, please provide a candid assessment of his or her abilities. We are most interested in **specific examples** of intellectual and professional achievements and how they may relate to the applicant's decision to pursue graduate study in the College.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Please rate the applicant in comparison with others of like experience and position.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgement
Intellectual Ability	<input type="checkbox"/>				
Oral Communication Skills	<input type="checkbox"/>				
Written Communication Skills	<input type="checkbox"/>				
Analytical Skills	<input type="checkbox"/>				
Motivation for Graduate Study	<input type="checkbox"/>				
Ability to Work with Others	<input type="checkbox"/>				
Emotional Maturity	<input type="checkbox"/>				
Leadership Potential	<input type="checkbox"/>				
Imagination and Creativity	<input type="checkbox"/>				

C. Please attach your business card, and a separate written statement on letterhead detailing the applicant's potential for academic success within the MBA program, managerial potential/ability, and ethics/integrity. Specific examples are appreciated as they assist the committee in making informed decisions on each candidate.

Please attach your business card here.

Recommender's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST/FAMILY FIRST MIDDLE

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Original signature: \_\_\_\_\_  
(PHOTOCOPIED OR FAXED SIGNATURES ARE NOT ACCEPTABLE)

**Please return this form and statement in a sealed envelope to the applicant or you may mail it directly to:**  
 University of Hawai'i at Mānoa, Shidler College of Business, Graduate Admissions Office, 2404 Maile Way #C202, Honolulu, HI 96822, USA