



BAKER
UNIVERSITY

Recommendation Form

School of Professional and Graduate Studies

Part I – Information: To be completed by applicant
(Please type or print)

- A. Name _____
Social Security Number _____
- B. Name of Company _____
Address _____
- C. Your position at above company _____
How long have you been in this position? _____
- D. Name of person giving recommendation _____
Name of Company _____
Position or Title _____
Address _____

I agree this form should be held in strict confidence and waive my right to review the comments made by the person providing the recommendation.

Student Signature

Date

Part II – Recommendation: To be completed by work related reference (not a relative). All questions need to be addressed.

A. To the best of your knowledge, are the answers given in Part I, B & C accurate? If not, please explain

.

B. How long have you known the applicant? _____

In what capacity? _____

C. Describe the business/management skills the applicant has acquired as a result of his/her work experience _____

D. This program requires initiative, and the ability to work alone and in a group. Describe why you think the applicant is capable of maintaining quality performance standards in an intensive learning environment. _____

E. Add any comments you feel are appropriate. _____

Signature

Date

Phone

Address