



SCHOOL OF
MANAGEMENT

Admission Recommendation Form

Please note you cannot fill this form out online; please download and save, fill out and send upon completion to FlintGradOffice@umich.edu.

To The Applicant:

Your recommendation letters should be written by a person from your academic or professional background. No personal recommendations will be accepted. Enter your name below and sign the statement if you wish to make this a confidential recommendation by waiving your right of access as described in the note to the recommender.

Applicant's Full Name

(Optional) ☐ I waive my right of access to any information provided by the recommender.

Signature _____

Date _____

To The Recommender:

The person named above is applying for admission and has requested that your evaluation be included as part of the information on which the University of Michigan-Flint's Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived by the statement above. Your assistance to the Admissions Committee by providing responses to the following questions is greatly appreciated.

1. How long and in what capacity, professional or academic, have you known the applicant? · Professional or Academic

2. Many qualities, including reasoning, communication, interpersonal skills and leadership contribute to an individual's effectiveness. Please comment on the questions below.

A. What are the applicant's strengths in these areas?

B. What qualities does the applicant still need to develop for an effective career?

3. What special personal qualities does the applicant possess?

4. What problems will the applicant confront in attempting to complete a Graduate Business degree or certificate at the University of Michigan-Flint?

5. How does the applicant rate on the following criteria?

	Exceptional	Excellent	Very Good	Good	Average	Below Average	Unable to Judge
Analytical Ability							
Quantitative Ability							
Written Ability							
Oral Ability							
Integrity							
Goal Directedness							
Leadership Potential							

I, the recommender: ☐ enthusiastically recommend ☐ recommend ☐ recommend with some reservations ☐ do not recommend, the applicant for admission to a University of Michigan-Flint Graduate Business program.

I understand that the applicant may have access to this information unless the waiver statement on the front of this form has been signed.

Signature of Recommender _____ Date _____

Name of Recommender _____

Title and Organization _____

Street Address _____

City, State, Zip _____

Please return the recommendation in a sealed envelope to the applicant or by mail to:

**The University of Michigan – Flint
Office of Graduate Programs
251 Thompson Library
303 East Kearsley Street
Flint, MI 48502
FlintGradOffice@umich.edu**

Thank you for your assistance.