THE APPLICANT: FILL OUT THIS PART.
Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT’S NAME: ____________________________________________________

GRADUATE PROGRAM APPLIED FOR: Master of Business Administration
(check one): MBA – General; MBA - Healthcare Management specialization, MBA-
Operations Management specialization or MBA-Enterprise Resource Planning specialization

DESired TERm OF ENTRY TO PROGRAM: ______________________________________

I DO ____ DO NOT ____ waive my right to see the completed Letter of Reference in my file.

APPLICANT’S SIGNATURE: ____________________________ DATE: ________________

TO THE PERSON SERVING AS A REFERENCE:

You may complete this form or submit a separate letter including comments on the items listed on
the back - whichever is more convenient for you.

If you are submitting a separate letter, please return this form with your letter since it contains
the applicant’s statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by
federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she
may see it after it is submitted.

Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at
The University of Scranton.
Name of Applicant: ___________________________________________________

For how long and in what capacity have you known the applicant?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How would you rate the applicant’s academic ability for pursuing graduate study in his/her chosen field?

POOR	FAIR	GOOD	VERY GOOD	OUTSTANDING	DON’T KNOW

Comments: __________________________________________________________________

How would you rate the applicant’s motivation to study at the graduate level?

POOR	FAIR	GOOD	VERY GOOD	OUTSTANDING	DON’T KNOW

Comments: __________________________________________________________________

How would you rate the applicant’s personal qualities for succeeding in his/her chosen field?

POOR	FAIR	GOOD	VERY GOOD	OUTSTANDING	DON’T KNOW

Comments: __________________________________________________________________

Provide any other comments you would like to make that will be helpful in evaluating the applicant.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

NAME (print): ____________________________________________________________
TITLE/POSITION: _________________________________________________________
ORGANIZATION: __________________________________________________________
ADDRESS: ______________________________________________________________
SIGNATURE: __________________________________ DATE: _______________