



Reference Evaluation Form
Master of Business Administration (MBA)

Name of Applicant: _____

Please note that the information in this reference document will not be shared with the applicant.

Please email, fax or mail this document to: Graduate School Admissions
Texas A&M University – Central Texas
1001 Leadership Place
Killeen, TX 76549
graduateschool@tamuct.edu
FAX# 254-519-5482

How long have you known the applicant? _____ years

In what capacities have you known the applicant (check all that apply):

- _____ I supervised the applicant as an employee
_____ I served as the applicant's professor or instructor
_____ I know the applicant as a friend
_____ I have worked with the applicant as a colleague
_____ Other (please specify) _____

Please rate the applicant on the dimensions listed below by checking (or adding an X to) the appropriate box.

	excellent	good	average	low	unknown
ability in written expression					
ability in spoken expression					
curiosity					
creativity					
work ethic					
initiative					
ability to work with others					
communication skills					
passion and dedication					
professionalism					
level of emotional maturity					
ability to receive criticism					
overall intellectual ability					
responsibility and follow-through					
integrity					



Reference Evaluation Form (p. 2)
Master of Business Administration (MBA)

Overall Recommendation (please check one):

- ☐ Admit as a priority. The applicant should be considered a PREMIER candidate.
- ☐ Admit. The applicant should be considered a STRONG candidate.
- ☐ Admit if space allows. The applicant should be considered a SUITABLE candidate.
- ☐ No clear recommendation. The applicant should be considered a RISKY candidate.
- ☐ Do not admit. The applicant should NOT be considered a candidate.

Comments

Please enter additional comments and remarks in the space below. Of particular interest to our admissions committee are insights into the applicant's character or history that go beyond the categories above and/or may deserve special consideration.

Signature: _____

Date: _____

Printed Name: _____

Title/Position: _____

Organization: _____

Phone number: _____

Email: _____