THE UNIVERSITY OF TAMPA

PROFESSIONAL REFERENCE

SECTION ONE (to be completed by applicant)

Print or type your information in this section and give it to the person who is completing your recommendation. Once your recommender has completed sections two and three, he or she should submit this form to the Office of Graduate and Continuing Studies.

_____

Last Name First Name Middle/Maiden (if applicable)

Intended program of study:

☐ MBA ☐ MS in Accounting ☐ MS in Finance ☐ MS in Marketing ☐ MS in Nursing ☐ Master of Education

I request that this form be sent to The University of Tampa Office of Graduate and Continuing Studies with the understanding that it will be used in support of my admissions application.

I, _____ ☐ *voluntarily waive* ☐ *decline to waive my right under The Family Education Rights and Privacy Act of 1974 to review or examine this recommendation form.*

_____

Applicant's Signature Date

RECOMMENDER SECTION

SECTION TWO (to be completed by recommender)

The person whose name appears above is applying to the Graduate Studies Program at The University of Tampa and has asked you for a reference. This recommendation will be used solely for the evaluation of admission. *The evaluation which is most helpful contains statements about the candidate's possible deficiencies as well as strengths. We appreciate your time and input.*

In what specific capacity have you known the applicant? _____

_____

_____

For how long? _____

_____

_____

Describe the applicant's principle strengths as they relate to graduate study: _____

_____

_____

What are the applicant's primary weaknesses or liabilities? _____

_____

_____

How might these affect the applicant's performance in graduate study? _____

_____

(Continued on back)

Office of Graduate and Continuing Studies

The University of Tampa
Box 102F
401 W. Kennedy Blvd.
Tampa, FL 33606-1490
Phone: (813) 258-7409
Fax: (813) 258-7451 or
(813) 259-5403
utgrad@ut.edu

The University Of TAMPA

SYMBOL OF EDUCATIONAL EXCELLENCE

SECTION TWO (continued)

Evaluate the applicant's ability to communicate in oral and written form: _____

_____

_____

Check the appropriate box on each line which corresponds to your evaluation of the qualities listed. Mark N/A if you had inadequate opportunity to observe this quality in the candidate:

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top 30%)	Average (Middle 30%)	Weak (Low 30%)	N/A
Communication Skills–Oral	☐	☐	☐	☐	☐	☐
Communication Skills–Written	☐	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐	☐
Leadership Potential	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Professional Competence	☐	☐	☐	☐	☐	☐
Ability to Engage in Research	☐	☐	☐	☐	☐	☐
Quantitative Skills	☐	☐	☐	☐	☐	☐

Indicate your overall evaluation of this applicant for graduate study by checking one of the following:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations ☐ Not recommend

RECOMMENDER SECTION

SECTION THREE (to be completed by recommender)

_____
Name

_____
Title

_____
Organization

_____
Address: Number and Street or P.O. Box City or Town State Zip

_____
Phone Number E-mail

_____
Signature Date

Recommender — email, mail or fax completed form to:

Office of Graduate and Continuing Studies

The University of Tampa
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