

\_\_\_\_\_  
 Last Name First Name Middle

MA  PhD   
 Graduate Program

\_\_\_\_\_  
 Social Security Number

Applicant: You may waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of reference by signing below. Such action is optional.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. How well do you know the candidate? Slightly  Fairly Well  Very Well

3. Please rate the candidate relative to other students or employees whom you have known in the same field in recent years:

	Exceptional	Above Average	Average	Below Average	Not Observed
Academic Performance					
Intellectual ability					
Maturity					
Oral communication skills					
Written communication skills					
Analytical skills					
Motivation for graduate study					
Leadership ability					
Ability to work with others					
Self-confidence					
Imagination and creativity					
Initiative					

4. What do you consider to be the applicant's primary strengths?

5. What are the applicant's chief liabilities or weaknesses?

6. Other comments which will help assess the probability of success of this candidate in graduate school. Please use the reverse side of this form if additional space is required.

Nominator: (Please print/type)

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

The University of Iowa  
 Management Sciences Dept  
 108 Pappajohn Business Bldg  
 Suite S210  
 Iowa City, Iowa 52242-1000