

Truman State University School of Business

Request for Recommendation to the Master of Accountancy Program

TO THE APPLICANT: You are to include these recommendations with the other admissions material required by the School of Business. Before giving this form and envelope to your recommender to complete, you should fill in your name and date in the spaces provided below. You should also consider whether you wish to waive your rights to view the recommendation material being provided by this recommender. The recommender is asked to return their material to you in a sealed envelope with their signature across the flap.

Applicant Name: (please print) _____ Date _____

I hereby _____ (waive) _____ (do not waive) my right of access to all recommendation documents that are being provided by (**print name of recommender**) _____ in connection with my application for admission to the Master of Accountancy graduate program.

Signature: _____ Date _____

TO THE RECOMMENDER: The person named above is applying for admission to the Master of Accountancy program at Truman State University. Please provide your evaluation of the applicant which will be held in strict confidence if the applicant has signed the above waiver.

- How long have you known the applicant? _____ years _____ months
- What was the nature of your contacts with the applicant?
 ___ Teacher in one class ___ Teacher in more than one class ___ Employer
 ___ Academic advisor ___ Other (please specify _____)

Rating of Applicant. For the Areas of Evaluation listed in the table below, please indicate with a check your opinion of the applicant.

Area of Evaluation	No Knowledge	Exceptional	Above Average	Average	Below Average	Poor
Intellectual Ability						
Motivation						
Communication: Oral						
Communication: Written						
Maturity						
Working with others						

(continued on back)

- Please provide any other information that should be considered by the admissions committee or should be taken into account in planning the student's graduate work?

Overall recommendation based on your opinion of the applicant's ability to pursue graduate study (check one).

Strongly Recommend Recommend Recommend With Reservation Do Not Recommend

If you would like to submit a letter in addition to this recommendation form please do so. When you have completed your recommendation, please fold this recommendation form and letter (if used) and place in the provided envelope. Please seal the envelope and place your signature across the sealed flap. The sealed envelope should be returned to the applicant to include in the admissions packet. Thank you for your time and input.

Signature of Recommender _____ Date _____

Printed or Typed Name _____ Position _____

Address _____ Phone _____