Recommendation Evaluation

School of Business
University of Miami
P.O. Box 248505
Coral Gables, Florida 33124-6524

Dear Applicant:

Enter your name and address below. Give or send a copy of this form to two of your previous instructors who are able to comment on your qualifications for graduate study. If you graduated some years ago and find you cannot obtain references from instructors, you may send this form to business references. You may want to provide your evaluator with a stamped envelope addressed to: Admissions Office, School of Business Administration, P.O. Box 248505, University of Miami, Coral Gables, Florida 33124-6524

Note to Applicant: After you have filled out the two lines below, please carefully read the statement regarding the Family Educational Rights and Privacy Act of 1974; check the response you wish to make; date and sign your name.

Applicant
________________________  __________________________
Last name  First name  Middle name

Address
________________________  __________________________  __________________________
Street  City  State  Zip

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

Under the provisions of the act you have the right, if you enroll at the University of Miami, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right to review your letters of recommendation. NOTE that signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I _______waive _______do not waive any right to review letters of recommendation.

Applicant's signature ____________________________

Date ___________________________________

For your information, letters of recommendation are used only for admission purposes and are not available to University personnel after a student is admitted to the University unless so requested by the student.

Note to Evaluator: Your assessment of the applicant's qualifications for graduate work leading to the Master of Business Administration degree is available to the student after his/her enrollment to the University unless he/she has waived this right (see above). Please feel free to include anything which bears upon the individual's future academic or professional career.

1. How long have you known the applicant? _______________________________________________________

In what Capacity? __________________________________________________________________________

2. What is your estimation of the applicant's principal strengths as they bear on participation in the Master of Business Administration Program or the MBA with a Certificate in International Business Program (MIBS)?

______________________________________________________________________________________

______________________________________________________________________________________

3. What are the applicant's principal weaknesses in this respect?

______________________________________________________________________________________

______________________________________________________________________________________

4. Do you consider the applicant's achievements this far to be a true indication of his/her ability? _____________

If "no" why not? __________________________________________________________________________

____________________________________________________________________________

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

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<th>INADEQUATE OPPORTUNITY TO OBSERVE</th>
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6. You may use the remainder of the space on this page for additional comments or attach extra sheets as necessary.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

7. Check one: ____ I recommend the applicant. _____ I do not recommend the applicant.

__________________________   __________________________
Name PLEASE PRINT OR TYPE   Signature

__________________________   __________________________
Position   Organization

__________________________   __________________________
Address   Date