



RECOMMENDATION FORM

DOCTORAL PROGRAM
SCHOOL OF BUSINESS
THE UNIVERSITY OF KANSAS

The individual whose name appears below has applied for admission to the Ph.D. Program in the School of Business at the University of Kansas. We will appreciate your frank answers to the questions on this form. Please note the applicant has signed a statement on page 2 concerning the confidentiality of this document.

Name of applicant: _____

| Below Average | Average | Somewhat Above Average | Good | Out- standing | Truly Exceptional | Inadequate Opportunity to Observe |
|------------------|------------|------------------------------|------------------------|------------------|----------------------|---|
| Lowest 40% | Middle 20% | Next 15% | Next Highest 15% | Highest 10% | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Applicant's promise as a Ph.D. student | | | | | | | |
| Class Rank | | | | | | | |
| Industriousness | | | | | | | |
| Intelligence | | | | | | | |
| Initiative and Motivation | | | | | | | |
| Maturity | | | | | | | |
| Ability to do independent work | | | | | | | |
| Ability to meet deadlines | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |
| Clarity of career goals | | | | | | | |
| Ability to profit from suggestions and constructive criticism | | | | | | | |

Please give us additional information about your perceptions of the applicant's ability to successfully complete a doctoral program.

a. Assets

b. Liabilities

Name of the individual completing this form: _____

Position/Title: _____

College/Organization: _____

Address: _____

Signature: _____ Date: _____

Please mail this form to:
University of Kansas Graduate School
Graduate Applications
1450 Jayhawk Blvd, Room 300
Lawrence, KS 66045-7535
USA

Thank you.

Statements on Confidentiality

1. I wish to have access to this statement and understand that under Public Law 93-380 I shall have a right to read this document.

Signature: _____ Date: _____

2. I wish this statement to be confidential, and I hereby waive any and all rights of access granted me by Public Law 93-380 to this document.

Signature: _____ Date: _____