

**Engineering Management Masters Degree Program  
The University of Kansas Edwards Campus  
12600 Quivira Road, Room 225  
Overland Park, KS 66213-2402  
RECOMMENDATION FORM**

**FOR THE APPLICANT**

Your name: \_\_\_\_\_ Beginning semester: \_\_\_\_\_  
(Type or Print) Last First

I waive \_\_\_\_\_ / do not waive \_\_\_\_\_ my right of access to this recommendation from the Family Educational Rights and Privacy Act of 1974. I understand that this form will be used by the Graduate School solely in its procedures relating to admission.

\_\_\_\_\_  
Please sign your name Date

**FOR THE PERSON MAKING THE RECOMMENDATION**

Please give us your evaluation of the above-listed applicant as a graduate student in engineering management according to the following:

1. How long have you known the applicant?

\_\_\_\_\_

2. In what capacity have you known him/her?

\_\_\_\_\_

3. The applicant's aptitude for graduate study is: (circle one)

Average Above Average Outstanding

4. The likelihood that the applicant will finish the course of study for the degree is: (circle one)

Likely Very Likely Virtually Certain

5. The likelihood of the applicant's success in management is: (circle one)

Likely Very Likely Virtually Certain

6. Please use the back of this form to add any comments that you feel will allow us to make a better decision about admitting the applicant to graduate study.

\_\_\_\_\_  
Please sign Date

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Position or Title Organization

\_\_\_\_\_  
Address

Please return this form in a sealed envelope by mail (to address at top of page) or by fax (913-897-8682).