

University of North Texas College of Business Administration MBA/MS Recommendation Form

TO THE APPLICANT

Please write your name and date of birth and forward this form to the individual you have asked to provide your recommendation. The recommendation form should be returned directly to UNT.

Applicant name _____ Student ID _____
(Please print clearly)

Email _____

Master's program to which admissions is sought: MBA MS (specify) _____

OPTIONAL WAIVER OF RIGHTS

Under the provision of the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access to this recommendation form. If you wish to waive the right to examine this recommendation form, and any attached letter submitted with it, please sign below. If left unsigned, you will have access to the form upon acceptance to the UNT College of Business Administration.

Applicant's signature

Date

TO THE PERSON COMPLETING THIS RECOMMENDATION

Thank you for taking time to assist the Admissions Committee in candidly evaluating the applicant named above, who is applying for admission to UNT's College of Business Administration. We value your frank and thoughtful assessment of the applicant. This form is provided for your convenience only. Your comments are welcome in whatever format you think is suitable. In compliance with Section 504 of the Rehabilitation Act of 1973, those providing recommendations are asked not to refer directly or indirectly to the applicant's handicap or physical disability.

Since the application for admission will not be considered until this form has been received, we request that the evaluation be given your prompt attention. We realize the time and effort that is involved in completing this recommendation. Please accept our thanks for your help in assessing the applicant's qualifications.

When you have completed the recommendation form, please place it in an envelope, sign your name across the seal, and mail it to the address provided at the end of this form. Please retain a copy for your records.

Your full name: _____

Please print

Position/Title: _____

Organization: _____

Address: _____

Work Telephone: _____

