



Letter of Recommo	endation	P	ease mail to:	MBA Program, College of Business, University of Central Arkansas, Conway, AR 72035-0001
Name:				
last	first		middle	
Semester for which you are applying:   Fall 20   Spring 20   Summer 20				
Applicant: Inform your recommender of the application deadline.				
I understand that federal law provides me, after enrollment, with the right to access to this recommendation, and that no school or person can require me to waive this right				
☐ I waive my right to review this recommendation.				
☐ I do not waive my right to access this letter of recommendation				
Signature of applicant		Date		
	THIS PART TO BE COM	IPLETED BY THE	RECOMME	NDER

Recommender: The person named above is applying for admission to the MBA Program at the University of Central Arkansas. Please give your personal impressions of the applicant's intellectual ability, aptitude to conduct research in the field specified, capacity for analytical thinking, or professional skill. Comment on the applicant's character, the quality of previous work, and the promise of productive scholarship.

How long and in what capacity have you known the applicant?

Recommender's Name (please print)				
Position or title:	School or company:			
Address:				
Signature:	Date:			
Please mail this form directly to the a	ddress at the top of the page. Do not send this form to Graduate Admissions. Thank			
you for providing this information				

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