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| University of Central Arkansas  College of Business | MBA Program | | | **C:\Documents and Settings\UCA\Desktop\Logos\CoB_Logo_1.jpg** | | | | |
| **Letter of Recommendation** | | | Please e-mail to: | | | Graduate School (colleene@uca.edu) 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 COMPLETED BY THE RECOMMENDER** | | | | | |  |
| **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 e-mail this form directly to the address at the top of the page. Do not send this form to Graduate Admissions. Thank you for providing this information.**