

Johnson School Admissions Recommendation

Applicant First Name:

Applicant Last Name:

Recommender First Name:

Recommender Last Name:

City:

State:

Country:

Employer Name:

Phone Number:

Number Supervised:

Title:

Duties:

APPLICANT RATINGS	Not Observed	Below Average Bottom 25%	Average Middle 50%	Very Good Top 20%	Excellent Top 10%	Outstanding Top 2%
Leadership Ability						
Persistence and Drive						
Ability to Work with Others						
Confidence						
Flexibility						
Professional Maturity						
Poise						
Goal Orientation						
Ability to complete projects and meet deadlines						
Ability to analyze problems and formulate solutions						
Oral Communication						
Written Communication						
Interpersonal Skills						
Overall Rating						

Recommender First Name:

Recommender Last Name:

How long have you known the applicant?

In what capacity have you known the applicant?

What are the applicant's most outstanding abilities or characteristics?

What are the applicant's most noticeable weaknesses?

Recommender First Name:

Recommender Last Name:

What impact has the applicant had on the organization?

Please comment on the applicant's personal and professional integrity.

Recommender First Name:

Recommender Last Name:

Please give examples of the applicant's performance for any Top 2% ratings.

Please provide us with any additional information about the applicant.