



**Ph.D. in Business Administration
(Emphasis in Information Systems)
Recommendation Form
University of Missouri-St. Louis**

This section to be filled in by the applicant and given to the reference with an envelope addressed to:
Graduate Admissions Office, University of Missouri-St. Louis, 8001 Natural Bridge Road, St. Louis, Missouri
63121-4499.

Name of Applicant _____ Date _____

Social Security Number _____

Name of Person Writing Recommendation _____

_____ I waive my option to view my recommendation.

Applicant's Signature

Please rate the applicant relative to other students or employees you have known in the same field in recent years.	Outstanding: Highest 5%	Excellent: Top 10% but not top 5%	Good: Top 25% but not top 10%	Fair: Top 50% but not top 25%	Poor: Lowest 50%
Writing skills					
Oral communication skills					
Intellectual level					
Ability to function in a team environment					
Motivation for the proposed program of study					
Time management skills					
Maturity					

Please comment briefly on the applicant's strengths and weaknesses related to the above criteria. Please comment on any other factors that bear on the applicant's ability to complete a Ph.D. degree and fulfill career objectives. Attach additional pages if needed.

Address _____ Position _____

Signature _____ Date _____