



Oklahoma State University
College of Business Administration
Master of Science in Telecommunications Management

Recommendation Form

PART A: To be completed by the applicant.

Name of Applicant (*Print or Type*) _____

(*Family Name or Surname*) (*First*) (*Middle*)

The following recommendation becomes a part of your application file. If you matriculate at Oklahoma State University, you will be allowed access to this document unless you voluntarily waive this right. Check one of the options below and then sign and date on the line provided.

Statement: I have read the information above, and I hereby expressly waive do not waive my right of access to this document should I matriculate at Oklahoma State University. (Please check the appropriate box.)

Signature _____

Date _____

All Application Materials Become the Property Of Oklahoma State University Once Submitted.

PART B: To be completed by the individual providing the recommendation.

The person named above is applying for admission to the Master of Science in Telecommunications Management (MSTM) Program at Oklahoma State University. Your candid assessment will greatly assist the MSTM Admissions Committee in determining whether the applicant should be admitted to the Program. Much more helpful to us than your endorsement or recommendation are your critical evaluative comments.

1. How long, how well, and in what capacity have you known the applicant?
2. If familiar with the applicant's scholastic record, do you believe this record is an accurate reflection of the applicant's ability? Yes_No_N/A_Please explain:
3. How does the applicant's performance compare with that of his or her peers?
4. Briefly describe the applicant's peer population.

5. What characteristics do you consider to be the applicant's primary strengths?
6. In what areas does the applicant need improvement or growth?
7. Discuss the applicant's insight into his or her own strengths and weaknesses.
8. Please rate the applicant in comparison to his or her peer population (Question #4) with respect to the following characteristics:

Characteristics	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 3 rd)	Average (Middle 3 rd)	Poor (Bottom 3 rd)	No Information
Native Intelligence						
Oral Communication Ability						
Writing Ability						
Emotional Maturity						
Ability to Work with Others						
Self-Confidence						
Self-Discipline						
Ethical Sensitivity						
Creativity/Imagination						
Problem-Solving Skills						
Leadership Potential						
Motivation to Obtain MSTM Degree						

9. Mark the statement which most closely describes your overall recommendation concerning this applicant.

- I strongly recommend this applicant for admission to the MSTM Program. He / she has the ability to perform at a superior level.
- I recommend this applicant for admission to the MSTM Program. His / her performance will be comparable to that of most graduate students.
- The applicant's qualifications for graduate school are marginal. If admitted, however, the applicant will greatly benefit from graduate study.
- I do not recommend this applicant for admission to the MSTM Program.

10. On a separate sheet of paper, please provide any additional information regarding the applicant which you believe would aid in the Committee's assessment process.

Signature _____ Date _____

Name (type or print)

Position/Title

Company Name

Business Address

City

State

Zip

Telephone

Fax

Email

INSTRUCTIONS FOR RETURNING THIS RECOMMENDATION: Place this recommendation form and any attachments in an envelope, seal the envelope, and sign across the seal. Return the envelope to the applicant who will submit your recommendation, unopened, along with other required application materials. Thank you for your assistance.