

RECOMMENDATION

Applicant

NAME: First (Given) _____ Middle _____

Last (Family) _____ Suffix _____ Mr. Ms. Dr.

Current Street Address _____

City _____ State/Province _____ Zip Code _____ Country _____

U.S. Social Security Number _____

Failure to complete and sign this section will be considered an expressed waiver of your rights.

The Family Education Rights and Privacy Act of 1974 entitles University of Pennsylvania graduate students to have access to letters of evaluation in their permanent record file at the University. The applicant may waive this right of access to letters of evaluation, in which case letters of evaluation will be considered confidential by the EMTM Program and will not be available to the student.

I hereby waive do not waive my right of access to this recommendation

Applicant Signature _____ Date _____

Evaluator

To the Evaluator:

Thank you for agreeing to write on behalf of this candidate who is applying to the Executive Master's in Technology Management (EMTM) program. This program, which leads to an MSE in Management of Technology, is offered at the University of Pennsylvania by Penn Engineering. The Admissions Committee values your assessment of the applicant's previous work history and potential for leadership in the future. The most helpful evaluations include specific examples of past performance, and detailed descriptions of the applicant's intellectual abilities and personal qualities. Evaluations that present a balanced view of the applicant assist the Committee in distinguishing the very best candidates from a pool of highly qualified applicants.

Please complete the information requested on both sides of this form. If you need to use additional sheets, please attach them to this form. Your comments will be held completely confidential if the applicant has agreed to waive his or her rights above.

Please mail this form to:
EMTM Office
Penn Engineering
114 Towne Building
220 S. 33rd St.
Philadelphia, PA 19104-6391
215-898-2897, fax 215-898-5466

Evaluations are an integral part of the selection process, and we sincerely thank you for your efforts on behalf of this applicant.

Sincerely,

The Admissions Committee

Evaluator Name _____ Mr. Ms. Dr. _____ Telephone _____

Company/Organization _____ Title or Position _____

Street Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Evaluator Signature _____ Date _____

Please respond to the questions on the next page.

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Evaluation of Applicant

1. How long have you known the applicant?

2. Under what circumstances have you known the applicant?

3. In making your evaluation of this applicant, with what reference group are you making your comparisons?

4. Please appraise the candidate in terms of the qualities listed below, using the applicant's peer group as your reference group.

	NO BASIS FOR JUDGMENT	BELOW AVERAGE (LOWEST 40%)	AVERAGE (40-75%)	ABOVE AVERAGE (75-90%)	OUTSTANDING (90-95%)	TRULY EXCEPTIONAL (HIGHEST 5%)
General Ability						
Judgment						
Creative Qualities						
Maturity						
Sense of Humor						
Initiative						
Self-Discipline						
Leadership Potential						
Analytical Skills						
Verbal Skills						

5. Please provide an overall estimation of this applicant's potential for the following.

	NO BASIS FOR JUDGMENT	BELOW AVERAGE (LOWEST 40%)	AVERAGE (40-75%)	ABOVE AVERAGE (75-90%)	OUTSTANDING (90-95%)	TRULY EXCEPTIONAL (HIGHEST 5%)
Academic Success						
Personal Leadership						
Future Managerial or Business Success						

6. Please discuss your observations concerning the applicant's leadership and group skills.

7. How will the MSE in Management of Technology degree contribute to the candidate's managerial advancement in your organization?

8. Please discuss the applicant's weaknesses and the efforts, if any, the applicant has made to improve in these areas.

9. If you wish to make any other comments to help us in evaluating the candidate's application, please attach an additional sheet with your statement.