

Please return this form and your short letter to
the address at the bottom of the form.
Sign your name across the flap.



Recommendation Form

SUNY Geneseo
MS in Accounting

Candidate's Name

*In accordance with the Family Educational Rights and Privacy Act, I
my rights to read this letter of recommendation.*

waive do not waive

Candidate's Signature

Date

To the recommender: Please complete a short letter which responds to the questions set out below.

- 1) How long have you known the applicant, and in what capacity?
- 2) Comment on any outstanding aptitudes or abilities that the applicant has displayed.
- 3) Comment on ways in which the applicant has contributed to organizations of which he or she is a member.
- 4) Comment on any other aspect of the applicant's record which could have a material impact on the admissions decision.

Outstanding
Top 5% Excellent
Top 15% Good
Top 1/3 Average
Middle 1/3 Below Average
Bottom 1/3 Unable to
Judge

Analytical ability

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>				
Oral communication skills	<input type="checkbox"/>				
Initiative & work ethic	<input type="checkbox"/>				
Integrity	<input type="checkbox"/>				
Interpersonal and teamwork skills	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				

I strongly recommend

I recommend

I recommend with some reservations

I do not recommend

<input type="checkbox"/>	<input type="checkbox"/>

*that this applicant be admitted to
the SUNY-Geneseo MS in Accounting.*

Name

Address

Position / Title

City, State, Zip

Organization

Telephone Number

e-mail

Date

Signature of Evaluator