College of Business
University of Missouri-Columbia
ADMINISTRATION

PHD PROGRAM
BUSINESS

LETTER OF REFERENCE

_____ _____
Last name First name Middle name Ph.D. Concentration

APPLICANT: If you wish to waive your right (under the Family Education Rights and Privacy Act of 1974) to review this letter of reference please sign below. Such action is optional.

_____ _____
Signature of applicant Date

EVALUATOR: This individual has applied to the Ph.D. Program in Business Administration. We would appreciate your opinion concerning this person's desire and ability to pursue doctoral studies. You may include information such as the applicant's ability to teach and conduct research, motivation, career objectives, and determination to succeed in a demanding program. Thank you for providing this reference.

1. *In what capacity have you known the applicant?*
   ☐ teacher ☐ friend ☐ employer
   ☐ advisor ☐ co-worker ☐ other _____

2. *How long have you known the applicant?*
   ☐ less than 1 year ☐ 1-3 years ☐ 3-5 years ☐ more than 5 years

3. *Please rate the applicant in the following traits and abilities:*

	Top 5%	Top 10%	Top 20%	Top 50%	Other	Not observed
Academic performance						
Maturity						
Motivation						
Oral communication						
Written communication						
Analytical skills						
Research potential						
Ability to work with others						
Overall evaluation as a candidate for doctoral study						

4. *Please provide any comments that you feel would help in evaluating the applicant. Use the reverse side of this page or a separate sheet if desired.*

Signature Date

Name Title

Address

Please return to: Director of Graduate Studies in Business
College of Business
213 Cornell Hall, University of Missouri
Columbia, MO 65211