

**UNIVERSITY OF TENNESSEE
COLLEGE OF BUSINESS ADMINISTRATION**

LETTER OF RECOMMENDATION

PLEASE PRINT

Last Name of Applicant	First	Middle	Proposed Degree	Concentration
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Through the Family Educational Rights and Privacy Act of 1974, students are allowed full access to their permanent record file. If you wish to waive your right of access to this letter, please sign below. This action is completely optional.

Signature of Applicant

Date

To the individual completing this form

Please answer the questions below in as specific and candid a manner as possible. Your comments will be an important factor in the admission decision. We realize this requires time and effort on your part, and we appreciate your assistance.

Please mail to: DEPARTMENT OF ACCOUNTING AND BUSINESS LAW
 637 STOKELY MANAGEMENT CENTER
 THE UNIVERSITY OF TENNESSEE, KNOXVILLE
 KNOXVILLE, TENNESSEE 37996-0560

How long have you known the applicant and in what capacity?

What do you consider to be the applicant's most outstanding talents or characteristics?

What do you consider the applicant's chief liabilities with regard to completing our academic program and having a successful academic career?

Please discuss your perception of the applicant's potential in a professional environment, particularly with regard to interpersonal skills and originality in thinking.

Please provide any further comments that you feel would aid in evaluation of the applicant.

Please give us your appraisal of the applicant in terms of the qualities listed below.

	Unusually Outstanding	Superior	Good	Average	Poor	Unable to Rate
Leadership potential						
Motivation						
Maturity						
Ability to work with others						
Oral skills						
Written skills						

I _____ strongly recommend _____)
 _____ recommend _____)
 _____ recommend with some reservations _____)
 _____ do not recommend _____)

that this applicant be admitted to
 the University of Tennessee College
 of Business Administration.

 Signature

 Date

 Name of Institution