Reinhardt University
Master of Business Administration
Reference Form
2017

This form should be typed or printed in black ink. References without original signatures will not be accepted.

Complete this section and distribute to professionals/educators who know you, your educational background, and/or know your work.

Name: ___________________________________ Email Address: ________________________________
Permanent Mailing Address: ________________________________________________________________
City: ______________________ State: _____ Zip: _________ County: _____________________________
Home Telephone: (___) __________ Work Telephone: (___) ________________________________

I understand that federal legislation provides me with the right of access to this reference which right may be waived, but that no school or person can require me to waive this right.

Check and sign one of the following statements:

_____ I waive access to this reference under the provisions of the Family Education Rights and Privacy Act of 1974.
_____ I do not waive access to this reference under the provisions of the Family Education Rights and Privacy Act of 1974.

Signature of Applicant: _____________________________ Date: ____________________________

_______________________________________
TO THE PERSON MAKING THIS RECOMMENDATION:

The above applicant has applied for admission to the MBA program at Reinhardt University. Please assist us by answering the following questions. Do not return the completed form to the applicant. Acceptance to the program is dependent upon this form being returned in a timely manner to the MBA program.

1. How long have you known this applicant?

2. In what capacity (instructor, supervisor, personal, etc.) have you known this applicant?

3. How well do you know this applicant - Somewhat, Well, Very Well? ________________

4. In your opinion, is the applicant qualified for graduate study? Please explain your response.

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

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This program requires initiative and the ability to work independently and in a group. Please rank the following criteria for the applicant by circling the appropriate response. (U=Unknown; L=Low; M=Medium; H=High)

- Initiative/self starter: U L M H
- Ability to get along with others: U L M H
- Ability to work within a “team”: U L M H
- Time Management: U L M H
- Ability to apply applications of theory: U L M H
- Ability to be an independent learner: U L M H

5. Please comment on this applicant’s strengths and weaknesses as they pertain to success in graduate studies. ____________________________________________
   ____________________________________________
   ____________________________________________

6. Please provide any other information that will assist us in our decision. You may attach a personal letter of recommendation. ____________________________________________
   ____________________________________________
   ____________________________________________

7. Name (print): ____________________________ Position: ____________________________
   Address: ____________________________
   City: ____________________________ State: ____________________________ Zip: ____________________________
   Optional: Telephone Number: (___) ________ Email: ____________________________

8. ____________________________
   Signature of Reference ____________________________
   Date

Please mail or fax to:

Office of Graduate Admissions
Reinhardt University
7300 Reinhardt Circle
Waleska, GA 30183
770-720-5760
FAX 770-720-5739