



**CONFIDENTIAL RECOMMENDATION FORM**  
**EMBA**  
**COLLEGE OF BUSINESS ADMINISTRATION**  
**CALIFORNIA STATE UNIVERSITY, SACRAMENTO**

**NOTE TO RECOMMENDER:**

The person listed on the accompanying Recommendation Waiver Form is applying for admission to the Sacramento State Master of Business Administration for Executives Program at the College of Business Administration (CBA). The applicant has requested that your recommendation be included as part of the information to be used in the admission process. Please supply the information requested on both pages of this form. If you prefer to use your own letterhead to write the recommendation letter, please complete the following information and attach your letter to this form. Your comments will be held in complete confidence if the applicant has waived his/her right to access this letter of recommendation.

Name of Recommender: Mr. Ms. \_\_\_\_\_ Date \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address (work): \_\_\_\_\_

**RECOMMENDER EVALUATION:**

Name of Applicant: \_\_\_\_\_

Last First

1. How long have you known the applicant? \_\_\_\_\_
2. Under what circumstances have you known the applicant? \_\_\_\_\_

Please evaluate the applicant as fairly as you can in each of the categories below by marking an "✓" in the appropriate position beneath the scale at the top:

	Truly Exceptional	Outstanding	Above Average	Average	Below Average	Not Observed
Oral communication skills						
Written communication skills						
Analytical skills						
Creative qualities						
Leadership potential						
Academic potential						
Career focus						
Initiative						
Self-confidence						
Overall impression						

Please use the space below (and additional sheets if necessary) to make any comments that you think are important concerning this applicant.

*By signing this form, I certify that this recommendation form was completed entirely by me. The applicant was not involved in providing input for any portion of this written recommendation.*

---

Recommender's Signature

Date

---

Please contact [emba@csus.edu](mailto:emba@csus.edu) or (916) 278 - 5767 with questions.