

Signature: ____

LETTER OF RECOMMENDATION FORM

Date:

APPLICANT	Applicants please complete this section and mail/give this form to your recommender.						
Term of Application	Namo						
Fall	Name:LAST/FAMILY		FIRST		٨	MIDDLE	
Degree Applying	Email: Phone:						
□ VEMBA	Under the provision of the Family Educational Privacy Act of 1974, you have the right to review y educational records. Please indicate below whether or not you wish to waive this right.						
 ☐ Master of Human Resource Management 	 □ I waive my right of access to this recommendation form. □ I do not waive my right of access to this recommendation form. 						
	APPLICANT SIGNA	ГURE			Ε	DATE	
RECOMMENDER	The above applicant is applying for University of Hawaii at Mānoa. Be assessment of his or her abilities. professional achievements and ho in the College.	ased on your e We are most ii	experience v nterested in	vith thecandi <i>specific exa</i> l	date, please p mples of intel	orovide a candid lectual and	
	A. How long have you know B. Please rate the applicant i				ence and pos	ition.	
Please attach your business card here.		Exceptional	Above Average	Average	Below Average	No Basis for Judgment	
	Intellectual ability						
	Oral communication skills						
	Written communication skills						
	Analytical communication skills						
	Motivation for graduate study						
	Ability of work with others						
	Emotional Maturity						
	Leadership Potential						
	Imagination and creativity						
	C. Please attach a statement intended graduate programare appreciated as it will a	m, managerial	potential/ak	oility, and eth	ics/integrity.	Specific examples	
Recommender's name:	LAST	FIRS	FIRST				
Title:	Company:			Phone:			