Bobby B. Lyle
School of Engineering
SMU

Engineering Leaders Masters Series

Recommendation

Application Information

Applicant Name:				
Home Address				
	Number & Street	*City*	*State*	*Zip*
Evaluator Name and Title				

APPLICANT: *Please enter the information requested above and give this form to the individual you have asked to provide an evaluation as part of your application. The recommender should complete the form and return it to:*

Engineering Leaders Masters Series Admissions
Bobby B. Lyle School of Engineering
Southern Methodist University
PO Box 750335
Dallas, TX 75275-0335
OR E-mail to: executive@engr.smu.edu

Recommender

Your assessment will greatly assist the Admissions Committee in its decision. Recommendations are an important part of the application process, and your time in furnishing this information is appreciated. Applicants do not have access to their recommendations.

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

2. What characteristics do you consider the applicant's principal talents or strengths?

3. In what areas can the applicant improve?

4. Using the chart below, please give us your appraisal of the applicant relative to others you have known in a similar capacity.

	EXCEPTIONAL (TOP 2%)	OUTSTANDING (TOP 5%)	EXCELLENT (TOP 15%)	GOOD (TOP 1/3)	AVERAGE (MIDDLE 1/3)	BELOW AVERAGE (BOTTOM 1/3)	NOT OBSERVED
Intellectual ability							
Motivation							
Ability to work with others							
Creativity and imagination							
Oral communication skills							
Written communication skills							

Please describe briefly the reference group against which you are rating the candidate.

5. Please use the space below to make any additional comments concerning this applicant, particularly his/her aptitude for graduate work and intense weekend study. If additional space is needed, please feel free to use a separate sheet. If you prefer, you may write the entire statement on your own stationery.

Overall Rating

O Strongly recommend O Recommend O Recommend with reservations O Do not recommend

Signature **Date**

Name (*Please type or print*)

Title

Employer

Business Address

Number & Street *City* *State* *Zip*

Telephone **E-Mail**