

### Student Information *(To be completed by applicant)*

---

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your professional conduct and potential as a graduate student. This should be someone who has known you for at least **one year** and is **not a relative**. If possible, your recommendation should be from someone who has observed you in a business or leadership role.

Last	First	Middle	
Address	City	State	Zip

☐ I waive my right to review this form once submitted to Corban University.

### Recommendation *(To be completed by reference)*

---

The individual whose name appears above is required to provide a reference prior to being admitted to The Corban MBA. Applicants are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation is appreciated.

1. How long have you known the applicant and in what capacity? *(Be specific)*
2. How do you perceive the applicant's potential for success in graduate school?
3. How do you perceive the applicant's potential for effectiveness in business? Or, if the applicant is already a business professional, how do you rate their current effectiveness?

# Qualities

Superior

Above Average

Average

Below Average

Intellectual Abilities

Oral and Written Expression

Emotional Maturity

Desire to Achieve

Concern for Others

Dependability

Leadership Potential

Creativity

Personal Integrity

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

\_\_\_\_\_  
Evaluator's Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position or Occupation \_\_\_\_\_ Employer or Organization \_\_\_\_\_

May we contact you if we need clarification concerning this form? ☐ Yes ☐ No

I am a graduate of ☐ Corban University ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return to:**

**CORBAN UNIVERSITY**

**OFFICE OF GRADUATE & ONLINE ADMISSIONS**

5000 Deer Park Drive SE | Salem, OR 97317-9392  
800-764-1383 | 503-589-8195 | Fax 503-585-4316