



West Texas A&M University
Master of Professional Accounting
Recommendation Letter Form

APPLICANT INSTRUCTIONS

Each recommender must complete a MBA@WT Reference Letter and send an electronic or hard copy directly to the College of Business at West Texas A&M University.

If your recommender plans to complete a hard copy of the recommendation form, please provide them with a pre-addressed, stamped envelope that can be sent directly to:

Dr. Darlene Pulliam
College of Business
WTAMU Box 60187
Canyon, TX 79016

Electronic copies of the recommendation form can be sent to dpulliam@wtamu.edu

APPLICANT INFORMATION

Name: _____
Last Name First Middle

Address: _____

Email: _____

APPLICANT WAIVER OF RIGHT TO ACCESS

Please check one of the following:

- I hereby waive the right to access this letter of recommendation. I acknowledge that the letter will be maintained in confidentiality as a part of my admissions file.
- I do not waive my right to access this letter of recommendation.

Signature: _____

Date: _____

INSTRUCTIONS TO EVALUATOR

Section I

Please answer the following three questions about the applicant. You may include a supplemental letter with this recommendation form.

1. How long and in what context have you known the applicant?
2. What are the greatest strengths of the applicant that will help him/her be successful in their pursuit of a graduate degree?
3. What are the areas in which the applicant needs the most improvement as they continue in their career?



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Section II

Please give the applicants a rating on the following characteristics. Please check one of the boxes for each characteristic.

	Excellent	Good	Average	Below Average	Unable to Rate
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EVALUATOR INFORMATION

Name: _____
Last Name
First
Middle

Address: _____

Email: _____