

Evaluation Form

Name of Applicant

Current Address

Name of Evaluator

To the applicant:

If you believe that evaluations in addition to the two required will provide the Admissions Committee with information they should have to evaluate your application, you may photocopy this form. The Admissions Committee will review your application when all required documents are received unless you notify us in writing to wait for supplemental forms.

To the evaluator:

The above-mentioned person is applying for admission to the Leipzig Graduate School of Management. The Admissions Committee asks for your cooperation in the self-managed application process in which the applicant is responsible for submitting letters of evaluation. We find that candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable, and we appreciate the time you take to provide this information.

We ask you to complete this form, and to seal the envelope and sign across the seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Office of Admissions.

How long have you known the applicant?

In what capacity?

What do you consider the applicant's outstanding talents?

In which areas could the applicant exhibit growth or improvement?

Please comment on the applicant's capacity for graduate work and his or her potential for a successful career in management.

Please use this scale to rate the applicant as compared to his or her peers.

	Exceptional Top 2%	Outstanding Top 10%	Good Top 1/3	Average Middle 1/3	Poor Bottom 1/3	Unable To judge
Analytical ability						
Oral communication skills						
Written communication skills						
Initiative						
Integrity						
Intelligence						
Interpersonal relations						
Leadership						
Maturity						
Organizational ability						
Teamwork						

I strongly recommend
 I recommend
 I do not recommend
 this applicant for admission
 to the Leipzig Graduate School
 of Management

 Name Position/Title

 Organization

 Address

 Signature of Evaluator

 Telephone Number