



Applied Information Management Master's Degree Program Applicant Recommendation Form

Name of applicant: _____

To Applicants:

Three recommendations are required. You may solicit more than three recommendations (each on a separate Applicant Recommendation Form) if, in your opinion, the information they provide would significantly affect the consideration of your application. Read the statement below, and, if you choose, sign where indicated.

I understand that this completed recommendation will be used only for admission, and hereby waive my right to access this information.

Note: Unless this waiver is signed, the applicant has the right to inspect this recommendation.

Applicant's Signature: _____ Date: _____

To Evaluators:

The Applied Information Management Master's Degree Program is an innovative, multidisciplinary opportunity for continuing higher education online. The degree is specifically designed to serve mid-career professionals working in a broad range of applications. Your candid evaluations of the applicant's skills and prospects for success will assist us in the difficult task of selecting superior degree candidates. Please complete the information requested on both pages of this form. If you need to use additional sheets of paper, please staple them to the back of this form. Your comments will be held completely confidential if the applicant has signed the statement above.

1. How long have you known the applicant?

2. What is the applicant's current position within his or her organization? (Please describe the activities required, reporting level, type of responsibilities and so forth.)

3. At what level of professional development would you assess the candidate to be, as compared to other managers within the same organization as the applicant?

Senior

Upper Middle

Lower Middle

Entry

4. Please evaluate the applicant as best and fairly as you can by placing a check in the appropriate area for each category below. When making your evaluations, you should compare the candidate to other managers who are or have been at similar levels within the applicant's organization.

	Below Average Lowest 40%	Average Middle 35%	Above Average Next Highest 15%	Outstanding Next Highest 5%	Truly Outstanding Top 5%
General Abilities					
Judgment					
Creative Qualities					
Maturity					
Initiative					
Self-Discipline					
Leadership Potential					
Analytical Skills					
Verbal Skills					

5. Please evaluate the applicant based on your overall estimation of his or her potential in the information management field.

	Below Average Lowest 40%	Average Middle 35%	Above Average Next Highest 15%	Outstanding Next Highest 5%	Truly Outstanding Top 5%
Academic Promise					
Character and Personal Promise					
Future Management or Business Success					

6. What unique strengths do you think the applicant will bring to the AIM Program?

7. Please make any additional comments you feel are important concerning this applicant.

Evaluator's Name: _____ Organization: _____
(Please print)

Signature: _____ Title: _____

Date: _____ Telephone: _____

Please return directly to: AIM Program, 1277 University of Oregon, Eugene, OR 97403-1277
E-mail: aim@uoregon.edu, Phone: 800-824-2714, Fax: 541-346-6166