College of Business Graduate Programs
San Francisco State University
835 Market Street, Suite 550
San Francisco, CA 94103

Letter of Recommendation for The College of Business Graduate Programs

SPRING 2012 Application Postmark Deadline: (Extended to October 15, 2011)

FALL 2012 Application Postmark Deadline: April 1, 2011– MBA and MSA June 1, 2012 for EMBA and MBA MIB

Part I– To Be Completed By Applicant

Applicant Name:_____ Date:_____
Last (Family) Name First Name

Email Address: _____ **Signature** : _____

Applicant: Inform your recommenders of the application deadline and provide the recommenders a copy of your résumé and any pertinent information that would be helpful for them to write a recommendation for you. Request your recommender to seal and sign the back flap of the envelope. Your recommenders may send the letter to you so you may submit all supplemental documents as one packet, or if preferred they may send it to the address listed above.

This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access. **Check one box.**

☐ I waive my right of access to this letter of recommendation.

☐ I do **not** waive my right of access to this letter of recommendation.

Part II– To Be Completed By Recommender

Recommender: The Applicant named above is applying for admission to Graduate Business Programs.

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

2. Please rate this applicant in overall promise to excel in a graduate program. (*Check One Box*)

Not Able To Comment	Below Average Below 50%	Average 50% - 70%	Above Average Top 30%	Superior Top 15%	Outstanding Top 5 %

3. On a separate piece of paper, please attach and submit a supporting Letter of Recommendation about the applicant.

SUBMISSION INSTRUCTIONS: Fill out Part II of this form and return with Part I completed by the applicant. Please mail this form to the address listed above.

Recommender's Name: _____
E-mail: _____
Telephone: _____
Position or Title: _____
Department:_____
Institution or Organization:_____

Recommender's Signature: _____