Massachusetts Institute of Technology
Sloan School of Management

MBA Admissions Office
50 Memorial Drive, Suite E52-126
Cambridge, MA 02142-1347

Candidate Recommendation Form

Applicant

(Please complete this section)

Name_____
SURNAME/FAMILY GIVEN MIDDLE

Circle the application round for which you would like to be considered: **MBA Round I / MBA Round II / BEP / LFM**

The Family Education Rights and Privacy Act of 1974 entitles enrolled MIT students to have access to evaluations of them in their permanent files. The applicant may waive this right of access, in which case this evaluation will be considered confidential and will not be available to the student.

If you wish to waive your right of access to this evaluation, please sign below:

_____
SIGNATURE OF APPLICANT DATE

Please submit this form, along with a self-addressed envelope, to your recommender. You should type your name and address on the front of the envelope and ask that the evaluation be returned to you in the sealed envelope with the recommender's signature across the seal. It should then be mailed to: *MIT Sloan School of Management, MBA Application Materials (indicate Round I, II, BEP or LFM), 50 Memorial Drive, Suite E52-126, Cambridge, MA 02142-1347.*

To the Recommender

The Admissions Committee for the MIT Sloan MBA Program is interested in your assessment of the qualifications of the above-mentioned applicant. Your candid opinion of the applicant's preparedness and suitability for study in the MIT Sloan MBA Program will be a vital part of our admissions decision. It is important that you complete the form by the date indicated by the applicant. If you cannot, please contact the applicant directly so that he/she may contact another recommender.

We are interested in **specific examples** of intellectual and professional achievement and how they might relate to graduate study in management and in a career as a manager or business leader. In addition, we are very interested in the character of the applicant and will be helped by any information in that regard. We have posed a series of questions and scenarios for you to consider. The letters that are most helpful to the applicant are those that utilize the template below and point to actual observations of the candidate's actions. If you do not feel sufficiently informed to answer a particular question, please indicate "not observed" or "not applicable."

You may submit this form online or print the letter and return it to the applicant. **The recommendation should be two pages or less.**

1. How long and in what capacity have you known the applicant?
2. How does the applicant stand out from others in a similar capacity?
3. Please provide an example of the applicant's impact on a person, group or organization.
4. Please provide a representative example of how the applicant interacts with other people.
5. Which of the applicant's personal or professional characteristics would you change?
6. Please tell us anything else you think we should know about this applicant.

Recommender's Name_____ Ms. / Mr. / Dr.
SURNAME/FAMILY GIVEN MIDDLE (CIRCLE ONE)

_____
POSITION/JOB TITLE ORGANIZATION

_____
ADDRESS

_____

_____
EMAIL TELEPHONE

To the Recommender
(continued)

If you are a member of the MIT/MIT Sloan community, please indicate your MIT/MIT Sloan affiliation:

☐ Faculty
☐ MIT Sloan Graduate _____ (indicate year)
☐ MIT Graduate _____ (indicate year)
☐ Staff
☐ Other

The MIT Sloan School occasionally contacts recommenders for clarification and verification purposes. Please indicate your preferred method of contact.

☐ Telephone
☐ Email

Please return this completed form and your letter of reference to the applicant if you are submitting this by mail. Please seal the envelope and sign across the seal.

We sincerely appreciate your help in this important process.

RECOMMENDER'S SIGNATURE DATE