Revised 6/04

Master of Accountancy (MAc) Program
Recommendation Form
Auburn University

Section A: (To be completed by applicant. Please print.)

Name of Applicant_____
Last First Middle
Social Security Number_____ Phone ( )_____

E-mail address_____ Semester and Year of Entry_____

Desired Program: ( ) On-Campus MAc Program ( ) Distance Learning MAc Program

I agree that his recommendation will remain confidential, and I knowingly and freely waive my right to view it.
Signature of Applicant (optional) _____

Section B: (To be completed by respondent.)

Name of Respondent_____
(Please Print)
Title_____ Institution_____

1. Knowledge of the Applicant: Approximately how long have you known this applicant?_____
   How well do you feel you know the applicant? _____Casually _____Well _____Very Well

2. What was the nature of your contact(s) with the applicant?
   ( )supervisor ( )co-worker ( )advisor
   ( )instructor ( )employer ( )other_____

In comparison with other applicant's in the same field who have the same amount of experience and training, I rate this person as follows:

	Exceptional Highest 5%	Outstanding Next 10%	Very Good Upper 25%	Average	Below Average	No Basis For Judgment
3. Intellectual ability						
4. Ability to work independently						
5. Written communication skills						
6. Oral communication skills						
7. Knowledge of proposed area of study						
8. Ability to work with others						
9. Perseverance towards goals						
10 Maturity						

11. Considering this applicant's academic records, special abilities, ambition and determination, please indicate your recommendation:
_____Recommend strongly _____Recommend _____Recommend with reservation _____Cannot recommend

12. Please discuss the applicant's strengths and weaknesses and add any comments that you feel will assist in evaluating the applicant's potential to pursue graduate studies in accounting on the reverse side of this page.

_____ _____
Respondent's Signature Date