WILLAMETTE UNIVERSITY
Atkinson Graduate School of Management

Letter of Recommendation Form—Professional MBA Program Please type or print clearly.

Note to the Applicant:

You must sign and complete items 1 and 2 before giving this form to your recommender.

1. _____
Last Name or Family Name of Applicant First Middle

2. I understand that federal law provides me, after enrollment, a right of access to this evaluation.

I hereby:
❑ waive
❑ do not waive my right of access to this evaluation.

_____
Applicant's Signature

Note to the Recommender:

The person named above is applying for admission to the Willamette University Professional MBA program. You have been selected by the applicant to write a letter of recommendation.

Receipt of your recommendation will help complete the applicant's required materials for admission. The information you provide will be used only for the purpose of assessing the applicant's qualification for admission.

Please print or type your recommendation, then sign and attach this form to provide a record of the candidate's decision to waive or not to waive his/her right to access the evaluation.

Recommender's Name Title

Organization Telephone

Address City State ZIP Code

Signature Date

Please mail your recommendation and this form to:

Professional MBA Program
Atkinson Graduate School of Management
Willamette University Portland Center
1120 NW Couch Street, Suite 450
Portland, OR 97209

If you have questions, please contact us at:

1-866-385-PMBA (7622)
pmba-admission@willamette.edu