

PROFESSIONAL RECOMMENDATION FORM

Dear Applicant,

Check the program you wish to apply for, and encode your full name. Save this form as "Recommendation-[Last Name], [First Name].pdf" (Ex. Recommendation-Smith, John.pdf) before sending it to your evaluator.

Program of Study	MBA	EMBA	MDM	MSDS					
First Name		Middle Name			Last Name				
TO THE EVALUATOR The information you w criteria for the progra		will help us in a	determining if	the applicant	's professional att	ributes would mee	t our admissions		
Personal Details of th	ne Evaluator								
Name									
Position/Title				Division/Department					
Email Address				Contact Number					
Company Information	1								
Name of Company									
Industry				Sector	Private	Public	Non-Profit		
Company Address									
About the Applicant									
How long have you kn	own the appli	cant and in wh	at capacity?						

How does the applicant compare with other employees of the same rank in your department/division? *Please tick the appropriate box.

	Outstanding (top 5%)	Excellent (top 15%)	Good (top third)	Average (Mid Third)	Poor (Bottom 3rd)	Unable to Judge
Analytical Ability						
Oral Communication Skills						
Written Communication Skills						
Maturity						
Interpersonal Skills						
Leadership Ability and Potential						
Achievement Motivation						
Ability to Work Under Pressure						



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Describe any emotional or medical condition which might affect the applicant's performance during the program.
What are the applicant's major strengths and weaknesses?
How do you see the future career path of the applicant?



Master in Development Management

Master of Science in Data Science

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If company sponsored, how can the applicant contribute to the attainment of the strategic goals of the company?
If company sponsored, why was the applicant chosen to enter the program?
Highly Recommended Recommended Not Recommended
By submitting this form, I hereby declare that the one who accomplished this form is the person who have indicated his/her name as the Evaluator. Furthermore, as the Evaluator, I am/was the immediate supervisor/employer of the applicant.
Date (mmm/dd/yyyy): / /
TO THE EVALUATOR
Please email the filled-out recommendation form with the subject "Recommendation for [Last Name], [First Name]" [Ex. Recommendation for Smith, John] to the appropriate address:
Master in Business Administration mba@aim.edu Executive Master in Business Administration emba@aim.edu

mdm@aim.edu

msds@aim.edu