



THE UNIVERSITY OF STRATHCLYDE
GRADUATE SCHOOL OF BUSINESS

The Strathclyde **MBA/Diploma in Business** Letter of Reference

Confidential

Please tick appropriate box

Programme of Study MBA Diploma in Business

Centre

The applicant should print their name in the space below, and then send the form to their referee.

APPLICANT NAME

is applying to the University of Strathclyde Graduate School of Business for admission to the Master of Business Administration Programme and it would be of great assistance to the School in considering his/her application if you would kindly complete this form. Any information you give will be strictly confidential.

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

Please give an assessment of the applicant's intellectual ability. Do you feel they are motivated towards and suitable for MBA study?

In what areas do you suggest the applicant needs to grow?

Many qualities contribute to effectiveness in management.

Please comment on the applicant’s reasoning, communication and interpersonal skills and his/her integrity.

Using the table below, please rate the applicant comparing him/her with his/her peers and note the reference group you are using.

	Superior top 5%	Excellent top 15%	Good top 25%	Average top 50%	Unable to rate		Superior top 5%	Excellent top 15%	Good top 25%	Average top 50%	Unable to rate
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning Skills/Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sense of Humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative/Innovative Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reference Group	_____				

Do you have any additional comments you would like to make?

Date _____

Address _____

Name _____

Position _____

Signature _____

Tel _____

Please send the completed form to:

CDC Management Development (M) Sdn Bhd, Unit 609 (Level 6) Block B, Phileo Damansara I, No.9 Jalan 16/11,
46350 Petaling Jaya, Selangor, Malaysia. Tel: 00 603 7660 8950 Fax: 00 603 7660 8955 enquiries@cdcmed.com Web: www.strathclydemba.com

We shall not acknowledge receipt of this form but thank you now for your help.