**CMHT REFERENCE FORM for Graduate Study**

Name of applicant:

Current address:

Email:

Graduate program selected: \_\_\_\_\_\_ Masters of Science in Hospitality Management

 \_\_\_\_\_\_\_ Masters of Science in Merchandising

 \_\_\_\_\_\_\_ Masters of Science in International Sustainable Tourism

The person named above is applying for admissions for graduate study in the above referenced program. Please provide a candid assessment of the applicant’s qualifications and potential for graduate study.

1. **How long have you known the applicant?**
2. **In what capacity have you know this applicant?**
3. **In making your evaluation of this applicant, with what reference group are you making your comparisons?**

\_\_\_\_ Undergraduate Students

\_\_\_\_Graduate Students

\_\_\_\_Employees

\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Keeping in mind your reference group, please evaluate the applicant as fairly as you can in each of the categories below by placing an “x” in the appropriate box beneath the scale at the top.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** | **Excellent** | **No Information** |
| **Written communication** |  |  |  |  |  |
| **Oral communication** |  |  |  |  |  |
| **Ability to accept constructive feedback** |  |  |  |  |  |
| **Motivation**  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |
| **Dependability** |  |  |  |  |  |
| **Cooperation** |  |  |  |  |  |
| **Team player** |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |
| **Intellectual capacity**  |  |  |  |  |  |
| **Problem solver** |  |  |  |  |  |
| **Logical thinking** |  |  |  |  |  |
| **Maturity** |  |  |  |  |  |
| **Self-discipline** |  |  |  |  |  |
| **Leadership potential** |  |  |  |  |  |
| **Interpersonal skills** |  |  |  |  |  |
| **Professional engagement** |  |  |  |  |  |
| **Professional attitude** |  |  |  |  |  |

1. **Please provide, by completing the grid below, your overall estimation of this applicant’s potential:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** | **Excellent** | **No Information** |
| **For Academic Success** |  |  |  |  |  |
| **For Future Managerial****Success** |  |  |  |  |  |

1. **Please comment on the candidate’s strengths and challenges.**
2. **Please describe any special skills or areas of competence that the applicant has demonstrated.**
3. **Please comment on anything else in the experience of this individual that you feel might bear on his/her application for admission to a graduate program.**

**Recommendation concerning admission (check one):**

* I strongly recommend the applicant.
* I recommend the applicant.
* I recommend the applicant with reservation. (Please explain in # 1 )
* I do not recommend the applicant. (Please explain in # 1 )

Evaluator’s Signature/Date:

(Electronic Signature or receipt from recommenders email address accepted.)

Evaluator’s name (Please print or type):

Evaluator’s position or title:

Institution or Company:

Address:

E-mail:

Phone:

Fax:

**Please send this completed form to Dr. Lisa Kennon, CHMT Graduate Coordinator.**

**By Email attachment:** **Lisa.Kennon@unt.edu**

**By Fax: Dr. Kennon at 940-565-4348**

**By Mail: Dr. Lisa Kennon, 1155 Union Circle #311100, Denton, TX 76203**