

RECOMMENDATION FORM

The Graduate Program in Hospitality Management and Dietetics, Kansas State University

APPLICANT'S NAME: _____

- Degree Sought:** Master of Science in Foodservice, Hospitality Management and Dietetics Administration
 Master of Science in Dietetics (online)
 PhD

Instructions:

The applicant named above is applying for admission to pursue an advanced degree in the Department of Hospitality Management and Dietetics at Kansas State University. The Graduate Program Admissions Committee would appreciate your honest appraisal of this applicant's abilities and potential.

The above named applicant may review this letter of recommendation. (Please initial) _____
Yes No

Please fill out this form as completely as possible. If you wish to submit information in an additional letter, we will be happy to accept it. Your timely completion of this form is appreciated to facilitate the applicant's admission process.

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

2. Is the applicant's academic potential reflected by his/her grades?

3. Describe specific attributes of the applicant that relate to their likelihood of success in graduate study.

4. In comparison with other individuals with whom you have taught or employed, please rate the applicant in the following areas:

Criterion	Below Average	Average	Good	Outstanding	Unable to Judge
Intellectual Skills and Abilities					
• Analytical					
• Creative					
• Quantitative					
• Computer literacy					
• Oral communication					
• Written communication					
• Ability to conduct research					
Character Attributes					
• Maturity					
• Flexibility					
• Initiative					
• Leadership					
• Judgment					
• Perseverance					
• Ability to work independently					
• Ability to work on a team					

5. Please indicate the strength of your overall endorsement:

- Highly recommend
- Recommend
- Recommend with reservation
- I do not recommend the applicant

6. May we contact you for further information? Yes No

Signature _____ Date _____

Printed Name _____

Position _____

Address _____ Phone _____

_____ E-Mail _____

Thank you for your assistance.

Please submit this form directly to:

Administrative Specialist
 Department of Hospitality Management and Dietetics
 Kansas State University
 Justin Hall 104
 Manhattan, KS 66506-1404
 Phone: 785-532-5521
 Fax: 785-532-5522
 E-Mail: hmdt@k-state.edu

(After you have signed the form, you may scan the document and submit it as an email attachment or send it by regular mail.)