Product Lifecycle & Supply Chain Management Graduate Program
Professional Evaluation Form

Prospective Student:
Please complete the top of this form and submit it to the evaluating individual

Applicant’s Name ____________________________________________ Last Name __________________________ First Name __________________________ M.I. __________________________

I □ waive □ do not waive my right of access to the completed evaluation under the Family Education Rights and Privacy Act of 1974.

Signature ____________________________________________________________ Date _______________________

Evaluator:
The person named above is applying to the Product Lifecycle & Supply Chain Management Graduate Program at The University of Texas at Dallas. Your evaluation of the applicant is extremely important in the evaluation process, and the School of Management greatly appreciates the time you are taking to complete this evaluation. Please email, fax or mail the completed form directly to:

The University of Texas at Dallas
Product Lifecycle & Supply Chain Management Program
800 West Campbell Road SM10
Richardson, TX 75080-3021
Fax: 972-534-1801
Email: debbie@utdallas.edu

Please provide comments that you feel would be helpful to the Admissions Committee in determining the applicant's qualifications for successful completion of a demanding graduate program and the applicant's potential future role in senior management. (If you prefer, you may submit a separate statement on stationery.).

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

What do you consider to be the applicant's outstanding talents and/or strengths? _________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

What are the areas in which the applicant can improve? ________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

NOTE THIS IS A TWO PAGE EVALUATION FORM. PLEASE COMPLETE BOTH PAGES
Using the chart below, please evaluate the applicant relative to others you have known in a similar capacity.

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<thead>
<tr>
<th></th>
<th>Outstanding (Top 10%)</th>
<th>Good (Top 25%)</th>
<th>Average (Middle 50%)</th>
<th>Below Average (Bottom 25%)</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Maturity</td>
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<td>Leadership Potential</td>
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<td>Self-Confidence</td>
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<td>Ability to work with others</td>
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<td>Analytical ability</td>
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<td>Motivation</td>
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<td>Perseverance</td>
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<td>Creativity and imagination</td>
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<td>Verbal communication skills</td>
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<td>Written communication skills</td>
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</table>

Briefly describe the group against which you are measuring the applicant's abilities ______________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Briefly use this space below to make any additional comments about the applicant, particularly his/her aptitude for graduate work and a career in senior management __________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Overall rating of applicant: □ Strongly recommend □ Recommend □ Do not recommend

Name ____________________________________________________________
Signature _______________________________________________________
Title ____________________________________________________________
Company _________________________________________________________
Address _________________________________________________________
City ______________________________ State _______________ Zip Code __________ Phone ____________________________