



School of Management Graduate Student Scholarship Recommendation Form

To be filled out by the Applicant:

APPLICANT'S NAME: _____ UTD ID# _____

ADDRESS: _____

TELEPHONE: () _____ E-MAIL _____

DEGREE PLAN: _____

To the recommender: this person is applying for a Scholarship in the School of Management at the University of Texas at Dallas. We have many applicants for the scholarship program so we would appreciate your candor and openness as you complete the form. Thank you.

Dr. Doug Eckel, Chair, Masters Scholarship Committee.

I have known the applicant for: _____ Years _____ Months

I know the applicant: Well Casually Not Well

I know the applicant from: Work Class Student Organization Other

Please Rate the Applicant on the following dimensions:

| | Top 1% | Top 5% | Top 10% | Top 25% | Top 50% | Can't Rank |
|---------------------------------|--------|--------|---------|---------|---------|------------|
| Intelligence | | | | | | |
| Work Ethic | | | | | | |
| SOM Citizenship (if applicable) | | | | | | |
| Enthusiasm | | | | | | |
| Self-Discipline | | | | | | |
| Potential for Success | | | | | | |

Of the total number of scholarship recommendations I am writing, I would rank this student number _____ out of _____.

Any additional Comments: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone: _____

Organization: _____

Mailing Address: _____

Please provide this letter or recommendation to the applicant in a sealed-signed-across-the-flap envelope or mail the recommendation form to: Dr. Doug Eckel, Associate Dean, School of Management, University of Texas at Dallas, 800 W. Campbell Rd. SM 40, Richardson, TX 75080-3021