**The University of Toledo College of Business and Innovation**  
**Executive Master of Sales Leadership Applicant Recommendation Form**

### Applicant Name:  
(Please print)  
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

### Recommender:  
(Please print)  
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

### To the Applicant:  
Recent legislation affords to applicants the right of access to appraisals submitted in support of their applications if the school retains these appraisals. You may choose to waive this right. Whether or not you waive your right of access is entirely your decision. However, it is possible that some persons may be more guarded and less candid in their evaluations if they know you may read them than if you waive your right and they know that their appraisals will remain confidential. For this reason we are providing you with the option of waiving this right if you so desire. Please note that your decision concerning this option will not affect our consideration of your application. If you choose to waive your right of access to this evaluation, please sign your name.

Waiver:  
<table>
<thead>
<tr>
<th>Applicant's Signature</th>
<th>Date</th>
</tr>
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### To the Recommender:  
The person named is applying for admission to The Executive Master of Sales Leadership Program at the University of Toledo, and has requested that your letter of recommendation be included as part of the information on which our Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived. Your assistance to the Admissions Committee by providing responses to the following questions will be sincerely appreciated.

You may either complete your responses on this form or attach a signed personal letter on your company letterhead. In either case, please return this form for our records.

How long and in what connection have you known the applicant? (If in business, please specify organizational relationship.)


What do you consider to be the talents or strengths of the applicant?
What work-related characteristics do you consider to be in need of improvement?

__________________________________________________________________________________________________________________________________________________________________________________________________________________________

Please add any other information about the applicant's communication skills, intellectual, quantitative, and leadership abilities or any data that would help the Admissions Committee make its decision.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________________________

I understand that the applicant may have access to this information unless said applicant has signed on the previous page.

Name of Recommender (please print): ______________________________________________________

Position/Title: ______________________________________________________

Company: ______________________________________________________

Address: ______________________________________________________

Phone: ______________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________________________

Signature of Recommender ____________________________ Date ____________________________

Please send this form directly to the Executive Master of Sales Leadership program at:

The University of Toledo College of Business & Innovation
Executive Master of Sales Leadership Program
2801 West Bancroft Street, Mail Stop 103
Stranahan Hall Suite 1016
Toledo, Ohio 43606
Phone: 419-530-5680
Fax: 419-530-8498
Email: COBIGradPrograms@utoledo.edu