



University of Pittsburgh
The Joseph M. Katz
Graduate School Of Business
Pittsburgh, PA 15260

**Doctoral Program
Recommendation Evaluation**

NOTE TO APPLICANT:

Enter your name and address below. Give or send a copy of this form and the enclosed envelope to three persons (preferably faculty members) who are able to comment on your qualifications for doctoral study.

APPLICANT'S NAME _____ PLANNED MAJOR _____

ADDRESS _____

Please check the appropriate box below indicating whether you have/have not waived your right of access to this recommendation evaluation under the Buckley Amendment.

- I HEREBY WAIVE MY RIGHT OF ACCESS TO THIS RECOMMENDATION EVALUATION
- I DO NOT WAIVE MY RIGHT OF ACCESS TO THIS RECOMMENDATION EVALUATION

Applicants Signature _____

NOTE TO EVALUATOR:

In the space provided below, please assess the applicant's qualifications and potential for doctoral study. Please feel free to include anything which bears upon the individual's future academic or professional career. (Attach additional sheets if necessary.)

In accordance with the self-managed application procedure, please complete this form, place in the envelope provided by the applicant, sign your name across the envelope flap to ensure confidentiality and return the envelope *directly to the applicant*. He or she will then submit this recommendation to the Admissions Office as part of the complete application package.

<i>(Please print or type).</i>	
Name	Signature
Position/Title	Organization
Address	Date

Doctoral Program Recommendation Evaluation

All submissions and other correspondence should be addressed to:

Director, Doctoral Program
The Joseph M. Katz Graduate School Of Business
University of Pittsburgh
282 Mervis Hall
Pittsburgh, PA 15260

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