ADMISSION RECOMMENDATION FORM  
DOCTOR OF MANAGEMENT IN INFORMATION TECHNOLOGY  
DMIT

To the Applicant:

Note: Letters of recommendation may be substituted or added to this form.

Enter your name below and sign the statement if you wish to make this a confidential recommendation by waiving your right to access as described in the note to the recommended.

Applicant’s full name______________________________________________________________

(Optional)                          ☐ I waive my right of access to any information provided by the recommender.

Signature____________________________________________________Date____________________________

To the Recommender:

The person named above is applying for admission to Doctor of Management in Information Technology and has requested that your evaluation be included, as part of the information on which the Lawrence Technological University Graduate Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the statement above has waived the right to such access. Your assistance to the Admissions Committee by providing responses to the following questions is greatly appreciated.

1. How long and in what capacity (professional, personal, etc.) have you known the applicant?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

2. Many qualities, including reasoning, communication, interpersonal, and leadership skills contribute to an individual’s effectiveness.

A. What are the applicant’s strengths in these areas?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

B. What qualities does the applicant still need to develop for an effective career?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
3. What special personal qualities does the applicant possess?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

4. What problems will the applicant confront in attempting to complete a doctoral graduate degree?

________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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5. How does the applicant rate on the following criteria?

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<th>Exceptional</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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</thead>
<tbody>
<tr>
<td>Analytical Ability</td>
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<td>Quantitative Ability</td>
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<td>Writing Ability</td>
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<td>Oral Ability</td>
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<td>Integrity</td>
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<td>Goal Directedness</td>
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<td>Leadership Potential</td>
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</tbody>
</table>

I ☐ enthusiastically recommend ☐ recommend ☐ recommend with some reservations ☐ do not recommend
Applicant for admission to the Lawrence Technological University’s Doctor of Management in Information Technology.

I understand that the applicant may have access to this information unless the waiver statement on the front of this form has been signed.

Signature of Recommender______________________________________________________________

Name of Recommender______________________________________________________________

Title and Organization______________________________________________________________

Street Address______________________________________________________________

City, State, Zip, Country______________________________________________________________

Please return the recommendation in a sealed envelope to the applicant or by mail to:

Lawrence Technological University
DMIT Program
College of Management
21000 West Ten Mile Road
Southfield, MI 48075-1055
UNITED STATES

Thank you for your assistance.