

**CANDIDATE EVALUATION FORM  
MASTER IN BUSINESS ADMINISTRATION  
PROGRAM**

School of Business  
Southern Oregon University  
1250 Siskiyou Boulevard  
Ashland, Oregon 97520 / 541-552-8203

**PLEASE TYPE OR PRINT CLEARLY**

SOUTHERN OREGON UNIVERSITY'S Master in Business Administration Program (MBA) is designed to enhance the skills of management professionals. The MBA Program allows participants to enhance their skills while continuing to work. It offers a rich academic environment that combines fundamental management principles and specific management skills with a broad range of theoretical and applied perspectives.

The core curriculum for this program includes:

- Strategic Operations Management
- Organizational Behavior
- Legal Issues in Business and Management
- Financial Management Practices
- Information Systems
- Marketing Management and Strategies
- Global Leadership
- Graduate Research Project
- Critical Analytical Thinking and Expression
- Managerial Accounting for Decision Making
- Applied Economics and Financial Analysis for Business
- Ethics

The person named below is applying for admission to the Master in Business Administration Program. The candidate has selected you to provide comments regarding his or her qualifications for graduate study in business administration. *Please complete all sections of this form.* Your objective evaluation is an important part of the candidate's application for admission. The information you provide will be used solely in this admission process. Please return this form to the address below. Contact the MBA Program staff for additional information. Thank you for your assistance.

Mail completed evaluation to:

**Master in Business Administration Program  
School of Business  
Southern Oregon University  
1250 Siskiyou Boulevard  
Ashland, OR 97520**

For more information:

**Fax: 541-552-8203  
Email: [laned@sou.edu](mailto:laned@sou.edu)  
Web: [www.sou.edu/business/mba](http://www.sou.edu/business/mba)**

**PLEASE COMPLETE OTHER SIDE**

Candidate's Name _____	Candidate's Phone _____
Evaluator's Name _____	Evaluator's Phone _____
Organization _____	Position _____
Address _____	
NUMBER AND STREET	CITY STATE COUNTRY ZIP

1. What has been your relationship with the candidate?

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2. What are the candidate's greatest strengths?

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3. What are the candidate's weaknesses or professional development needs?

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4. Please rate the candidate on the following:

	EXCEPTIONAL	SUPERIOR	GOOD	AVERAGE	POOR	NOT OBSERVED
Analytical Ability						
Self-Motivation						
Maturity						
Time-Management Skills						
Communication Skills						
Leadership Potential						
Interpersonal Skills						
Initiative						
Teamwork						
Community Service						

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Candidate's Confidentiality Waiver**

I understand that federal law gives me the right to access this evaluation after enrollment.

I hereby  *waive*  *do not waive* my right of access to this evaluation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE