

SOUTHERN OREGON UNIVERSITY

CANDIDATE EVALUATION FORM MASTER IN MANAGEMENT PROGRAM

Southern Oregon University
1250 Siskiyou Boulevard
Ashland, Oregon 97520 / 541-552-8283

PLEASE TYPE OR PRINT CLEARLY

Evaluator's Name _____ Organization _____

SOUTHERN OREGON UNIVERSITY'S Master in Management Degree Program (MiM) is designed to enhance the skills of management professionals working in governmental, commercial, healthcare, and nonprofit organizations. The MiM 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 Management
- Organizational Leadership and Communication
- Legal Issues in Management
- Budget and Finance
- Management Information Systems
- Marketing for Public and Private Organizations
- Human Resource Environment
- Research, Analysis, and Decision Making
- Seminar in Leadership and Management

The person named below is applying for admission to the Master in Management Program. The candidate has selected you to provide comments regarding his or her qualifications for graduate study in management. *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 MiM Program staff for additional information. Thank you for your assistance.

Candidate's Name _____ Work Phone _____

Mail completed evaluation to:

**Master in Management Program
Southern Oregon University
1250 Siskiyou Boulevard
Ashland, OR 97520**

For more information:

**Phone: 541-552-8283
Fax: 541-552-6715
Email: mim@sou.edu
Web: www.sou.edu/mim**

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?

2. What are the candidate's greatest strengths?

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

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						

5. How would you evaluate the candidate's potential for success in the field of management?

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