

THE STANFORD SLOAN MASTER'S PROGRAM 2009-2010 GRADUATE SCHOOL OF BUSINESS

PERSONAL RECOMMENDATION FOR :

Name of Sloan Program applicant _____

Name _____

Title _____

Organization _____

Address _____

Number and Street

City, State, Zip/Postal Code, Country

Telephone _____

Please include country code and area or city code

Professional Email _____

Signature _____

PLEASE RETURN THIS FORM TO:

Stanford Sloan Admissions
The Stanford Sloan Master's Program
Graduate School of Business
Stanford University
518 Memorial Way
Stanford, CA 94305-5015

Phone +1 650.723.2149

Fax +1 650.725.4070

Email sloanadmin@gsb.stanford.edu

1. Please describe your relationship to the applicant, and how long you have known him or her.
2. Describe the skills, abilities, and characteristics of the candidate that contribute to his/her success as a leader. Please provide a specific example of a time that the candidate demonstrated exceptional leadership in your organization.
3. How is the candidate's impact on your organization different from that of other well-qualified individuals in similar roles?
4. Please describe the applicant's oral and written communication skills, and his/her ability to relate to supervisors, peers, and subordinates.