

CYPRUS INTERNATIONAL INSTITUTE OF MANAGEMENT

ADMISSION RECOMMENDATION FORM

T	нт с	E APPLICANT							
		* * *	name in the space below, ar velope, to submit together w	nd ask your referee to complete the ith your application.	form and return it to you				
Recommendations from friends, family members, or acquaintances are not acceptable and will not be reviewed.									
A	oplica	ant's name:	(surname)	(first)	(middle)				
TC	тні с	E RECOMMENDER	₹						
he	lpful		Committee. The information	eir referee. Your assessment of the you provide will be used solely for	•				
en	velop	•	the seal to ensure confiden	verse side, and place the form in tiality, and return it directly to the a	•				
W	e are	grateful for your tir	ne and input.						
Na	ame d	of recommender:							
Po	sition	n or title:							
Or	ganiz	zation:							
Ac	ldres	s:							
Τe	el. (inc			Fax (including international code)					
1.	How	long have you kno	wn the applicant?						
		Less than a year							
		One year							
		Two years							
		More than two year	ars						
2.	. In what capacity have you known the applicant?								
		Student							
		Employee directly	or indirectly under my super	vision					
		Business associat	е						
		Other (please exp	lain)						

	Superior	Strong	Average	Fair	Poor	Not observed
Ability to work well with others						
Creativity and imagination						
Emotional maturity						
Integrity						
Interpersonal skills						
Leadership potential						
Motivation and drive						
Self-confidence						
. What outstanding qualities vin senior management?	would the applic	cant bring to	graduate mana	gement stud	y and a subs	sequent care
Please provide us with an ov ☐ Strongly recommend		d □ Reco	ommend with re	eservations	□ Do no	ot recommer
3		•				