

MPAcc Program Application -Recommendation Forms

If you are applying on line, please submit this sheet with a copy of your on-line application forms to:

**MPAcc Program Office -
Admissions, Advising, Information
Francine Shafer, Associate Director
231-B Mackenzie Hall, Box 353200
Seattle, WA 98195-3200**

Name _____

I will probably attend full time _____ part time _____
(this question is for planning purposes; it will not affect your admission decision)

GMAT score verbal _____ quantitative _____ total _____
If no GMAT score, when will you take the exam? _____

Recommendations

Please list three people who are able to provide detailed information about your academic performance, employment responsibilities and accomplishments, activities, personality or character. By providing these names, you are authorizing the MPAcc Admissions Committee to contact those people. You are not required to submit letters of recommendation with this application, but may do so if you wish.

Name _____ Position _____

Organization _____ Telephone Number () _____

Address _____

Nature and duration of relationship to applicant _____

Name _____ Position _____

Organization _____ Telephone Number () _____

Address _____

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