University of Idaho
College of Business and Economics

Executive MBA

Sponsor Endorsement Letter and Form

Thank you for providing a statement of organizational support on behalf of the candidate named below. The admissions procedure of the University of Idaho Executive MBA Program requires that each sponsor endorsement be forwarded directly to the University of Idaho Graduate Admissions Office. If the applicant has signed the waiver, the evaluation is confidential; otherwise, the applicant may have access to it once enrolled in the program.

The Executive MBA Program is a rigorous two-year graduate program in management designed for the mature and experienced leader. Your candid feedback of the applicant's character and professional competency is a critical component of the admissions process. Your reference will help us evaluate how the applicant can contribute to the Executive MBA Program and also how the program can help him or her grow personally, intellectually, and professionally.

Letter of Endorsement
Please return both your response and this signed form to the UI Graduate Admissions Office, University of Idaho, PO Box 443019, Moscow, ID 83844-3019

The admissions committee would appreciate your candid opinion of the applicant's qualifications for the Executive MBA Program. Please comment on the following:

- your relationship to the applicant and the length of time you have known him or her
- the applicant's potential to become a general manager
- why you are nominating the applicant for the program
- the applicant's career potential at your organization and the benefits you expect him or her to derive from the program

Endorsing Statement *(to be completed by the Endorsing Official)*

This nomination affirms our organization's commitment to supporting our candidate's participation in the Executive MBA Program at the University of Idaho, including release from duties on class days and our agreement that the candidate will not be required to miss regularly scheduled meetings of the program.

Name | Email Address

Title | Organization

Business Address: *Number and Street* | *City* | *State/Zip* | *Country*

Business Telephone

Our organization:

☐ Will provide partial or full financial support for this candidate's program fees.
☐ Will not be financially supporting this candidate for the program fees.

Signature | Date

Applicant Name and Optional Waiver

Name of Applicant: Last | First | Middle

To Applicant: Read the following statement and, if you choose, sign where indicated.
"I understand that this completed recommendation will be used only for admissions, and I hereby waive my right of access to it."

Signature | Date