## CONFIDENTIAL RECOMMENDATION FORM

Candidate's Name:	
Reviewer's Name:Re	ev <b>isพิes</b> ition:
Reviewer's Organization: Reviewer	viewe's Email:
How long have you known the candidate?In what capacity?	
Are/were you a major professor or work supervisor of this candidate? Yes No	
Please assess this candidate's readiness to pursue the Master of Sniehospitality, Recreation and Tourism by completing the items below. Consider a scale of 00%, where 100% represents the strongest person(s) with whom you have worked be the scale below to indicate your assessment:	
5 = Exceptional: above 95% 4 = Superior: 895% 3 = Good: 7685%	<ul> <li>2 = Somewhat above average: 45%</li> <li>1 = Weak: in the lowest 60% of individuals</li> <li>N/A = Inadequate opportunity to observe</li> </ul>

CRITERIA 5 4 3 2 1 N/A

Openness to new information, ideas, and ways of thinking

Please provide your thoughts on the following:

Assess the candidate's overall preparedness to undertake rigorous academic work at the graduate level in hospitality, recreation and tourism