



RECOMMENDATION FORM

FAMILY NAME:

FIRST NAME:

Instructions:

The person named above is a candidate for admission to the MSc in Hospitality Management.

You have been chosen by the candidate to submit your comments concerning his/her aptitude for the program. The comments that you provide will be carefully considered in assessing the candidate's application. Your comments will remain confidential. Enclose this form in an envelope addressed to the candidate. Seal the envelope, sign it across the back and return it to the candidate.

Thank you for your cooperation.

1 How long have you known the candidate?.....

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2 How do you know him/her?.....

.....

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.....

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3 What are the main qualities of the candidate?.....

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MSC IN HOSPITALITY MANAGEMENT
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HOMOLOGUE AU NIVEAU 1

ESSEC BUSINESS SCHOOL
PRIVATE SCHOOL OF MANAGEMENT
ACCREDITED AACSB INTERNATIONAL – THE ASSOCIATION
TO ADVANCE COLLEGIATE SCHOOLS OF BUSINESS.
ACCREDITED EQUIS – THE EUROPEAN QUALITY IMPROVEMENT SYSTEM.
AFFILIATED TO THE CHAMBRE DE COMMERCE
AND INDUSTRY OF VERSAILLES VAL D'OISE – YVELINES

4 What are the main shortcomings of the candidate?.....

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5 How would you assess the candidate's potential for a successful management career in the hospitality industry?.....

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6 Please use the grid below to assess the candidate in relation to other people you have known under similar circumstances.

	Excellent	Very Good	Good	Fair	Poor	Unable to evaluate
Conceptual ability	_____	_____	_____	_____	_____	_____
Analytical capacity	_____	_____	_____	_____	_____	_____
Capacity to work with others	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____
Capacity to express him/herself (oral and written)	_____	_____	_____	_____	_____	_____

In conclusion, I strongly recommend recommend recommend with some reservations do not recommend } the admission of the candidate to the.
MSc in Hospitality Management

Name

Title

Company, institution

Professional address

E-mail Tel Fax

Date

Signature