SANS Technology Institute

Employer Recommendation of Candidate

Applicant Section:

Please give this form and recommendation envelope to the person writing the recommendation. Please ask him/her to return the completed form to you in a sealed envelope.

Name of applicant       Date of Birth
____________________________________________________________________________________

Name and title of person making recommendation
____________________________________________________________________________________

Relationship to applicant

Please make a photocopy for your records.
Return completed form before deadline to:

SANS Technology Institute
8120 Woodmont Ave. Ste 205
Bethesda, MD 20814

Employer Section:

The applicant is seeking admission to The SANS Technology Institute Masters Program. To assess the appropriateness of this person for our program, we would appreciate your candid opinion regarding the reasons you feel this candidate would be an outstanding choice for our graduate program. There is ample space provided to supplementary comments supporting your conclusions. However, please complete this section also.

1. Please indicate your evaluation of the applicant by checking the appropriate rating.

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
</tr>
</thead>
</table>
   Leadership Qualities

Potential for industry contribution
Average

Managing people skills

Financial/budgeting skills

Resource development skills

Organization & Planning

Written Communication

Oral Communication

Integrity

Creativity

Initiative

Judgment

2. What are the applicant’s strengths as you see them?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. In what areas do you see room for improvement, growth?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Other comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. As an employer, do you support this candidate’s participation in the program? (please check one).

I strongly recommend the applicant ___________________

I recommend the applicant ___________________________

________________________________________________________________________

Signature of employer                                                                                             Date

________________________________________________________________________

Relationship to Applicant                                 Title

________________________________________________________________________

Institution                                                           Phone                                            E-Mail address

________________________________________________________________________

Address                                                                                                                    City, State, Zip

________________________________________________________________________

Please make a photocopy for your records.
Return completed form before deadline to:

SANS Technology Institute
8120 Woodmont Ave. Ste 205
Bethesda, MD 20814

(12/05)