

Applicant Section

Applicants should complete this section of the form before giving it to the individual asked to complete the evaluation. We recommend providing your employer with a stamped and addressed envelope so that he or she can return the form to us directly. Finally, please review the waiver statement below as your signature is optional.

Applicant Name

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at the SANS Technology Institute has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this recommendation, please sign. If left unsigned, you will have access to this document upon enrollment at the SANS Technology Institute. The alternative you choose in no way affects our consideration of your application.

I hereby freely and voluntarily waive my right to any information contained on this recommendation form.

Signature of Applicant

Date

Employer Section

The applicant listed above is seeking admission to the SANS Technology Institute as a candidate for the Master's of Science in Information Security degree. We would appreciate your candid opinion when detailing the reasons you feel this individual would be successful in our graduate program. After completing the first section of this form, please submit your answers to the remaining questions as a separate attachment.

Name of Person Completing Form:

Title, Company:

Relationship to Applicant:

How long have you known the applicant?

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

	Outstanding	Above Average	Average	Poor
<i>Leadership Qualities</i>				
<i>Potential for industry contribution</i>				
<i>Managing people skills</i>				
<i>Financial/budgeting skills</i>				
<i>Resource development skills</i>				
<i>Organization & Planning</i>				
<i>Written Communication</i>				
<i>Oral Communication</i>				
<i>Integrity</i>				
<i>Creativity</i>				
<i>Initiative</i>				
<i>Judgment</i>				

Please submit your answers to questions 2 – 4 on a separate page.

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

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

4. What else do you believe we should know about the applicant that relates to his or her application to our program?

**5. As the candidate’s current employer, do you support his or her participation in the program?
(please check one)**

I strongly recommend the applicant

I recommend the applicant with some reservations

N/A

Signature

Date

Street Address

City, State

Zip

Phone

E-Mail Address

Submission Instructions (for the evaluator): Please submit the completed form yourself. You may scan and email it to admissions@sans.edu or mail it to:

**The SANS Technology Institute
Attn: Graduate Program Admissions
PO Box 124575
San Diego, CA 92112**