



Please provide us with any additional information that would assist the Admissions Committee in evaluating the applicant's ability to pursue an intensive graduate management program.

Please mark the appropriate box.

strongly recommended recommended recommended with reservations not recommended

Signature _____ Date _____

Name _____ Title or Position _____

Organization or Institution _____

Address _____

The information in this form will be used by the Admissions Committee for the sole purpose of evaluating the candidate's application.

The complete Recommendation Form should be returned to:
ALBA Admissions Office
Athinias Ave. & 2A Areos str., 166 71 Vouliagmeni, Athens, Greece
Tel.: +30 210 896 4531-8, Fax: +30 210 896 2139