



## RECOMMENDATION FORM

Send this form directly to the student in a sealed envelope with your signature across the seal so that the applicant can return it with their completed application OR send it directly to the Graduate School at the address listed below or e-mail it to [grad@usd.edu](mailto:grad@usd.edu).

1. Name of Applicant: \_\_\_\_\_

2. ID # or Last 4 digits of SSN: \_\_\_\_\_

3. Intended Degree Objective:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Doctor of Audiology                                   | <input type="checkbox"/> Master of Arts                                      | <input type="checkbox"/> Master of Natural Science |
| <input type="checkbox"/> Doctor of Education                                   | <input type="checkbox"/> Master of Professional Accountancy                  | <input type="checkbox"/> Master of Science         |
| <input type="checkbox"/> Doctor of Philosophy                                  | <input type="checkbox"/> Master of Public Administration                     | <input type="checkbox"/> Master of Music           |
| <input type="checkbox"/> Doctor of Physical Therapy                            | <input type="checkbox"/> Master of Business Administration                   | <input type="checkbox"/> Master of Social Work     |
| <input type="checkbox"/> MD/PhD  | <input type="checkbox"/> Master of Fine Arts                                 | <input type="checkbox"/> Specialist in Education   |
| <input type="checkbox"/> Transitional Doctorate of<br>Physical Therapy (t-DPT) | <input type="checkbox"/> Executive Master of Public<br>Administration (EMPA) |  |

4. Intended Department or Graduate Program of Study: \_\_\_\_\_

5. Indicate Area of Specialization or Emphasis (if applicable): \_\_\_\_\_

### TO THE APPLICANT:

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all material in their files except for letters of recommendation. Please check one of the following statements relative to the confidentiality of your files.

- I waive my right to see this document.  
 I DO NOT waive my right to see this document.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### TO THE PERSON MAKING THIS RECOMMENDATION:

The above named applicant for admission to the Graduate School has given your name as a reference. The Graduate School would appreciate your cooperation in providing the following information regarding the applicant's qualifications. References should be acquainted with applicant's academic ability.

1. I have known the applicant for: \_\_\_\_\_ Semesters \_\_\_\_\_ Years

- During this time, the applicant was a/an:  undergraduate student  graduate student  
 assistant of mine  advisee of mine  
 departmental assistant  other





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2. Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned. Use your own student body and recent graduates as a reference group. If the applicant is an employee use other employees with similar backgrounds as a reference group.

CHARACTERISTICS	High	Average	Low	Cannot Judge
General Intelligence				
Knowledge of Field				
Maturity				
Work Ethic				
Research Potential				
Teaching Potential				

Please explain high or low values given:

3. If you were responsible for a graduate program, would you accept the applicant in your own graduate program?

Yes    No    Uncertain

4. My recommendation for this applicant is:

Very Strong    Strong    Average    Below Average    Recommend with reservations  
(Please explain in item 5 below)

5. Please use this space to make comments concerning this applicant's strengths and weaknesses. Comments should pertain to the applicant's ability to undertake graduate studies. Be as specific as possible or attach a letter.

Name: *(Please Print)* \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City/State
Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_