

GRADUATE SCHOOL 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 the completed application OR send it directly to the Graduate School at the address listed below.

Only original recommendation letters will be accepted.

1. Name of Applicant _____

2. Social Security # _____

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"/> Specialist in Education |
| <input type="checkbox"/> MD/PhD | <input type="checkbox"/> Master of Fine Arts | |

4. Intended department or graduate program of study _____

5. Indicate area of specialization or emphasis _____

TO THE APPLICANT:

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to 1 January 1975.

Upon its completion and submission, University faculty will utilize this document to evaluate your qualifications to be admitted into the graduate program you have designated. It may also be used to assist in the selection of graduate assistants. Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

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



The niversity of South Dakota.

Extraordinary.

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				

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.

Name *(Please Print)* _____

Title _____

Institution _____

Address _____

Street

City/State

Zip Code

Signature _____ Date _____

(Revised 1/07 AS)