

UNIVERSITY OF SOUTH DAKOTA GRADUATE SCHOOL



UNIVERSITY OF
SOUTH DAKOTA

RECOMMENDATION FORM

SECTION I - APPLICANT: Complete this section and forward to the person making the recommendation. Be sure you sign and date the form at the end of this section prior to sending.

1. Name of Applicant: _____

2. Student ID# or Date of Birth: _____

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 Public Health |
| <input type="checkbox"/> MD/PhD | <input type="checkbox"/> Master of Fine Arts | <input type="checkbox"/> Master in Social Work |
| <input type="checkbox"/> Transitional Doctorate of Physical Therapy (t-DPT) | <input type="checkbox"/> Post-Professional Occupational Therapy Doctorate | <input type="checkbox"/> Occupational Therapy Doctorate |
| <input type="checkbox"/> Executive Master of Public Administration (EMPA) | <input type="checkbox"/> Specialist in Education | <input type="checkbox"/> Graduate Certificate |

4. Intended Department or Graduate Program of Study: _____

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

Under the provisions of the Family Educational Rights and Privacy Act:

- I have retained my right to access this recommendation.
 I have waived my right to access this recommendation.

Signature of Applicant: _____ Date: _____

SECTION II - RECOMMENDER: 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 the applicant's academic or professional ability. Once you complete the remainder of this form, please mail it directly to the Graduate School or email it to grad@usd.edu. Please do not fax in the recommendation form as a fax cannot be considered an official document.

1. I have known the applicant for: _____ Semesters _____ Years

- During this time, the applicant was a/an: Undergraduate student Graduate student Assistant of mine
 Departmental assistant Advisee of mine 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: (Please explain in item 5 below)

Very Strong Strong Average Below Average Recommended with reservations

5. Please use the space on the next page 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: _____ City/State: _____ Zip: _____

Signature: _____ Date: _____

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COMMENTS:

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: grad@usd.edu.

University of South Dakota
Graduate School
414 E. Clark Street
Vermillion, SD 57069