



RECOMMENDATION FORM

TO THE APPLICANT:

Complete the section on personal information and forward the form to three individuals under whom you have studied or worked and/or who are able to assess your qualifications for graduate study. Instruct this person to return the recommendation to you in a sealed envelope, signed across the flap. If the individual prefers to send it directly, it should be sent to the: DSU Office of Graduate Studies and Research; Heston Hall Room 309; Madison, SD 57042. You must submit three recommendation forms.

PERSONAL INFORMATION:

Name _____
(Last) (First) (Middle)

Address _____
Number and Street City State Zip code

(____) _____ (____) _____ _____
Local Telephone Number Work Telephone Email

INTENDED DEGREE:

- MS in Information Systems (MSIS)
- MS in Educational Technology (MSET)
- MS in Information Assurance and Computer Security (MSIA)
- Doctor of Science (D.Sc.) in Information Systems

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT:

____ I have retained my right of access to this recommendation.
____ I have waived my right of access to this recommendation.

Signature of Applicant _____ Date _____

TO THE PERSON MAKING THIS RECOMMENDATION:

The applicant has given your name as a reference. The university would appreciate your cooperation in promptly providing feedback regarding the applicant's aptitude for graduate study.

1. How long have you known the applicant? _____
2. During this time, the applicant was a/an:

<input type="checkbox"/> undergraduate student	<input type="checkbox"/> advisee of mine
<input type="checkbox"/> graduate student	<input type="checkbox"/> supervised by me at work
<input type="checkbox"/> departmental assistant	<input type="checkbox"/> other _____
<input type="checkbox"/> assistant of mine	
3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
 Yes No Uncertain
 Explain: _____

4. Based on the students you have known in the same field and with the same experience and training, how do you rate the applicant?
 Best in my experience Highest 5% Next highest 5% Above average (15-25%) Average (upper 50%)
 Below average (lower 50%)

5. Please rate the applicant on the following characteristics (1: Weak, 9: Extremely strong)

Characteristic											Not able to evaluate
research aptitude	1	2	3	4	5	6	7	8	9		
originality	1	2	3	4	5	6	7	8	9		
acceptance of responsibility	1	2	3	4	5	6	7	8	9		
emotional maturity	1	2	3	4	5	6	7	8	9		
ability to work independently	1	2	3	4	5	6	7	8	9		
writing skills	1	2	3	4	5	6	7	8	9		
speaking skills	1	2	3	4	5	6	7	8	9		
technical/computer skills	1	2	3	4	5	6	7	8	9		

6. Please use this space to discuss the applicant's strengths and weaknesses, creative promise, leadership ability, maturity, character and intellectual capacity. **Please attach additional pages if necessary.**

Name (please print) _____ Title _____

Institution/Organization/Business _____

Address _____ Phone number _____

Email: _____

Signature _____ Date _____

Please sign this form, seal it in an envelope, sign your name over the flap, and return to the applicant to be included in the application packet. If you prefer, your recommendation can also be sent directly to the DSU Office of Graduate Studies and Research, 309 Heston Hall, 820 N Washington Ave, Madison, SD 57042.

If you have any questions, please contact the Office of Graduate Studies and Research at (605) 256- 5799 or email us at gradoffice@dsu.edu.