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 to our office directly, it should be sent to the: DSU Office of Graduate Studies and Research, 820 N. Washington Ave., Madison, SD 57042. You must submit three recommendation forms.

PERSONAL INFORMATION:
Name___________________________________________________________________________________________________________________
(Last Name) (First Name) (Middle Name)
Address Number and Street City State Zip code

(_____)____________________ (_____ ) ______________________ __________________________
Local Telephone Number Work Telephone Email

INTENDED DEGREE:
□ Masters in Business Administration (MBA)
□ MS in Information Systems (MSIS)
□ MS in Analytics (MSA)
□ MS in Applied Computer Science (MSACS)
□ MS in Health Informatics (MSHI)
□ MS in Educational Technology (MSET)
□ MS in Information Assurance and Computer Security (MSIA)
□ Doctor of Science (D.Sc.) in Information Systems
□ Doctor of Science (D.Sc.) in Cyber Security

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT:
_____ I have retained my right to access to this recommendation.
_____ I have waived my right to 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:
   □ undergraduate student  □ advisee of mine
   □ graduate student       □ supervised by me at work
   □ departmental assistant □ other _______________________________

3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
   □ Yes □ No □ Uncertain
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)

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<th>Characteristic</th>
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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 or type) ______________________________________ Title __________________________

Institution/Organization/Business ____________________________________________________________

Address ___________________________________________ Phone number _____________________________

Email: ___________________________ 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, 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.