RECOMMENDATION FORM

DSU DAKOTA STATE

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 _____
   □ 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 or type)
_____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, 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.