



GRADUATE SCHOOL
DOCTORAL RECOMMENDATION

Applicant: Fill out the top half of page 1. Then send it to the person from whom you are requesting to submit a doctoral recommendation on your behalf. Enclose a stamped, addressed envelope for their convenience. **Please address the envelope to the department to which you are applying, not Admissions Office.** See mailing directions at the end of form.

Name of person giving recommendation

Address

City State Zip

In re: _____
Name of Applicant

University Identification Number

Program applied for

The Family Educational Rights and Privacy Act of 1974, Public Law 93-380, permits you to have access to this recommendation form (and any written letter of recommendation appended to it by the person you have chosen to serve as your reference) and to waive your right to see these recommendation materials. Whether you choose to retain or waive your right, your choice will not affect the Admission Committee's view of these materials. Retain or waive your right by checking one of the following statements and signing in the Applicant's Signature block below.

- I waive my right to review this recommendation.
- I **DO NOT** waive my right to review this recommendation.

Signature of Student

Date

Dear Colleague:

The above named person is an applicant for admission to the program indicated. We would appreciate your assistance in rating him/her by checking the appropriate box in the rating scales below the heading that most nearly describes the student in comparison with a representative group of students or employees in this field.

Applicant's ability as a scholar

1. General Knowledge -----
2. Degree of mastery of student's field -----
3. Ability to speak and write clearly -----
4. Ability to do independent research -----
5. Rank among other candidates for advanced degrees you have known -----

Below Average	Average	Good	Unusual	Outstanding	Inadequate Opportunity to Observe
Lowest 40%	Middle 20%	Next Highest 25%	Next Highest 10%	Top 5%	

Personal Characteristics

1. Self reliance and independence -----
2. Leadership -----
3. Emotional stability and maturity -----
4. Evidence of personal growth in above factors -----

Below Average	Average	Good	Unusual	Outstanding	Inadequate Opportunity to Observe
Lowest 40%	Middle 20%	Next Highest 25%	Next Highest 10%	Top 5%	

Teaching Ability (when applicable)

- 1. Effectiveness and originality in classroom-----
- 2. Enthusiasm and ability to stimulate students-----
- 3. Competence in student's field-----
- 4. Interest in teaching-----

Below Average	Average	Good	Unusual	Outstanding	
Lowest 40%	Middle 20%	Next Highest 25%	Next Highest 10%	Top 5%	Inadequate Opportunity To Observe

Please add any additional comments which will be of help in determining whether this applicant should be admitted to a doctoral program.

Your Signature

Date

Position

Please indicate below:

- 1. Length of time you have known applicant_____
 - 2. In what capacity_____
- (as student's major professor, department head, supervisor, etc.)*

Thank you for your assistance.

Mailing Directions: Illinois State University, Campus Box (fill in correct box number from list below), Normal, IL 61790

- English Studies - Campus Box 4240
- Mathematics Education - Campus Box 4520
- Special Education - Campus Box 5910

The following departments do not use this form, contact the department for their own form
 Biological Sciences, Curriculum & Instruction, Educational Administration and School Psychology