Letter of Recommendation for Graduate Admission

TO THE APPLICANT: Three letters of recommendation are required for admission into Graduate School. Each form should be given to an individual who is familiar with your academic record and who is able to comment on your qualifications for graduate study. The completed letters must be sent to you and must remain sealed. Include them in your application packet. Please **type or print legibly** the following information before you deliver this form to your reference.

Applicant's Name _____ Contact Phone # _____

Master's Program to which you are applying_____

Name of Reference _____ Contact Phone # _____

TO THE ACADEMIC REFERENCE: The Graduate School would appreciate a frank judgment from you concerning the applicant's qualifications for graduate study. Please mail this form in a separate sealed envelope to the applicant. Due to the Family Educational Rights and Privacy Act of 1974, the applicant may view this form in the Graduate School.

In what capacity did you know the candidate?

☐ Faculty   ☐ Advisor   ☐ Administrator   ☐ Peer-student   ☐ Peer-professional   ☐ Other

Number of years you have known the candidate _____

Please apply the rating scale listed below to evaluate this student's ability to function in a graduate program based on the items A through J:

1. Low, would not function at a graduate level.
2. Below average, doubtful graduate ability.
3. Average, may be able to function at a graduate level, but may need special help.
4. Above average abilities, could function at a graduate level if he/she applied himself/herself appropriately.
5. Excellent, no question as to ability.
6. Not applicable if you do not have information to make a judgment.

Criteria Items
Please circle the most appropriate number **(only one)** utilizing the above scale for each criterion:

		Low		Average		Excellent	NA
A.	Critical thinking (ability to comprehend and make logical deductions from written and oral materials)	1	2	3	4	5	6
B.	Reading ability	1	2	3	4	5	6
C.	Language usage – oral	1	2	3	4	5	6
D.	Language usage – written	1	2	3	4	5	6
E.	Research skills	1	2	3	4	5	6
F.	Interpersonal skills	1	2	3	4	5	6
G.	Ability to benefit from criticism	1	2	3	4	5	6
H.	Knowledge and application of clinical skills	1	2	3	4	5	6
I.	Dependability	1	2	3	4	5	6
J.	Academic achievement	1	2	3	4	5	6

Attachment C

Please use the reverse side of this form for any additional comments you feel will help Minot State University make the best possible judgment regarding the candidate's motivation and abilities to complete a graduate degree.
We would appreciate your comments on the applicant's abilities, strengths, and outstanding talents. In addition, do not hesitate to inform us of any weaknesses in the applicant which would significantly impair his or her performance in Graduate School. **Please do not leave this sheet blank**.

Check only one:

☐ I recommend without reservation ☐ I recommend ☐ I recommend with reservation ☐ I do not recommend

Reference's Signature _____   Date _____

Position/Title _____   Institution _____

Address _____   Contact Phone # _____

MSU Graduate School Phone Number: **701-858-3250** or toll-free at **extension 3250**

2