Minot State University

Master of Science in Information Systems
Academic Recommendation Form
(Immediate or above supervisor – preferably recent or present if available)

Please fill in your name and then give or mail this to your recommender to complete.

Last (family) name: _____ First (given) name: _____

Family Education Rights Privacy Act (FERPA) (Buckley Amendment)
Under the provision of this act you have the right, if you enroll at Minot State University, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. I hereby waive the right to see this recommendation form. I authorize the recommender to complete this form and to share it with Minot State University. I waive any legal right to sue based on the contents of this form.

Student's signature: _____ Date: _____

Recommender's Section
Name: _____

Title: _____ Telephone: _____

University: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Zip Code _____

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

Please circle the most appropriate **(only one)** utilizing the above scale for each criteria.

	Low		Average		Excellent	NA
A. Intellectual ability	1	2	3	4	5	6
B. Breadth of undergraduate knowledge	1	2	3	4	5	6
C. Motivation and initiative	1	2	3	4	5	6
D. Maturity and stability	1	2	3	4	5	6
E. Ability to work independently	1	2	3	4	5	6
F. Creativity	1	2	3	4	5	6
G. Clarity of goals for graduate study	1	2	3	4	5	6
H. Overall potential of graduate study	1	2	3	4	5	6
I. Critical thinking	1	2	3	4	5	6
J. Oral communication skills	1	2	3	4	5	6
K. Written communication skills	1	2	3	4	5	6
L. Ability to conduct research	1	2	3	4	5	6

Attachment G

How long have you known this applicant and in what capacity (e.g., faculty, advising, academic administration)?

Please describe the particular strengths and weaknesses of this applicant. Also describe any special talents or experience. If you cannot find anything to say, please give the applicant's strongest trait and weakest trait.

If you have worked with or supervised this applicant on a project, please describe the project and give an evaluation of the applicant's performance.

CHECK ONLY ONE

☐ Recommend without reservation   ☐ Recommend with reservation (explain reservations)   ☐ I do not recommend

Reference's Signature _____   Date _____

Position / Title _____   Institution _____

Address _____   Contact Phone # _____

MINOT STATE UNIVERSITY
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