

# Minot State University

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

### Applicant's Section

Please fill in your name and then email or send this form by some other electronic means 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: \_\_\_\_\_

Organization: \_\_\_\_\_

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 X:

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 (**only one**) utilizing the above scale for each criteria.

	Low		Average		Excellent	NA
A. Analytical ability	1	2	3	4	5	6
B. Quantitative ability	1	2	3	4	5	6
C. Command of field of study	1	2	3	4	5	6
D. Written English	1	2	3	4	5	6
E. Oral English	1	2	3	4	5	6
F. Interpersonal skills	1	2	3	4	5	6
G. Maturity and stability	1	2	3	4	5	6
H. Motivation and initiative	1	2	3	4	5	6

Attachment H

	Low	Average			Excellent	NA
I. Ability to lead a group	1	2	3	4	5	6
J. Ability to work independently	1	2	3	4	5	6
K. Ability to work in a group	1	2	3	4	5	6
L. Project Management	1	2	3	4	5	6
M. Learns from experience	1	2	3	4	5	6
N. Technical depth/proficiency	1	2	3	4	5	6
O. Requirements analysis and specification skills	1	2	3	4	5	6
P. Application & Implementation skills	1	2	3	4	5	6
Q. Documentation skills	1	2	3	4	5	6

How long have you known this applicant and in what capacity (e.g., supervisor, manager, etc.)?

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 \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**MINOT STATE UNIVERSITY**  
500 UNIVERSITY AVENUE WEST - MINOT, NORTH DAKOTA 58707 - (701) 858-3250 - 1-800-777-0750