



MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY
Recommendation Form – Distance Graduate Degree Programs

To The Applicant

Please provide the information requested in the space below. Then give this form to someone who is in a position to comment on your qualifications and potential for advanced study.

Applicant's Name Last First Middle

Degree Program Term

Name of person providing recommendation

Relationship to Applicant Length of Acquaintance

Under the Family Education Rights and Privacy Act of 1974, which gives registered students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of evaluation. I, _____, hereby, ___ waive / ___do not waive my right of access to this recommendation.

Signature Date

To The Recommender

Please rank the applicant indicated above in the following areas. If you lack knowledge to make a definite rating, please give your estimate of the applicant's ability and also check the column "inadequate opportunity to observe."

	Top 10%	Top 20%	Top 30%	Top 50%	Below 50%	Inadequate Opportunity to Observe
Analytical Ability						
Overall Intellectual Ability						
Ability to Work Independently						
Ability to Work with Others						
Motivation						
Maturity						
Oral Expression in English						
Written Expression in English						
Overall Potential for Graduate Study						
Creative or Innovative Talent						



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To The Recommender, Continued....

Please answer the following questions.

1. How long and in what capacity have you known the applicant?
2. To your knowledge, has the applicant conducted him or herself in a responsible manner and acquired the necessary skills for successful study in this program?
3. Is there any reason you would not recommend the applicant for admission to this graduate program?
4. In the space below, or by attachment, please provide any additional comments that would assist in making a judgment as to whether the applicant should be admitted to this graduate program.

5. I recommend this applicant for admission as follows:

Do Not Recommend Unenthusiastically Recommend Relatively Strongly Recommend
 Strongly Recommend Enthusiastically, With No Reservation

Name

Title

University or Company

Address

Email

Telephone

Signature

Upon completion of this recommendation, please seal recommendation in envelope and return to applicant for inclusion with their application to Missouri S&T. Thank you for taking the time to complete this recommendation.