

PLEASE TYPE OR PRINT

Return to: Office of Admissions
 Eastern Michigan University
 P.O. Box 970
 Ypsilanti, MI 48197

If you have questions,
 contact the College of Education
 734-487-3260

Applicant

INSTRUCTIONS: Please provide all the information requested in the top section and sign the authorization. Give this recommendation form to a former instructor, supervisor, and/or professional colleague who can attest to your potential to succeed in doctoral studies. Provide your recommender with a stamped envelope addressed to the Office of Admissions.

Name of Applicant: _____ Application Deadline*: _____

I hereby authorize _____ to complete this form. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand the information provided will be used only for the purpose for which it was prepared.

Yes No

Applicant's Signature: _____ Date: _____

Recommender

INSTRUCTIONS: Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access. Please send the completed form and attached letter to the address above. All materials must be received by the application deadline date listed above*.

Name of Recommender: _____ Title: _____

Address: _____ Phone: _____

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant in the following areas:

	Exceptional	Excellent	Very Good	Good	Fair	No basis for rating
Knowledge in field of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate your overall recommendation for the applicant:

Highly Recommended <input type="checkbox"/>	Recommend <input type="checkbox"/>	Recommended with Reservations <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
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4. In an attached letter, provide context for the evaluations above and please comment on any noteworthy characteristics or accomplishments that distinguish the candidate. Include your assessment of this applicant's strengths and limitations and discuss his or her ability to have an impact on the chosen field of study.

Recommender's Signature: _____ Date: _____