

Eastern Michigan University
College of Technology
Ph.D. in Technology Program
RECOMMENDATION FORM

PART 1: TO BE COMPLETED BY THE APPLICANT

PROGRAM NAME: COT-PHD-TECH

INSTRUCTIONS: Complete this part and then provide form to the person who will write the recommendation.

Applicant's Name: _____
LAST
FIRST
MIDDLE

Name if records appear under a different name: _____

EMU Student Number (If available): E Phone Number: _____

Email Address: _____

- I waive my right to see this recommendation.
 I do not waive my right to see this recommendation.

PART 2: TO BE COMPLETED BY THE REFEREE

PROGRAM NAME: COT-PHD-TECH

INSTRUCTIONS: Please complete this form and submit it through one of the following ways:

- (a) scan and email it to: documents_admissions@emich.edu as an attachment,
(b) mail it to: Admissions at Eastern Michigan University, P.O. Box 970, Ypsilanti, MI, 48197-7621,
(c) fax it to: 734-487-6559.

Name: _____ Position: _____ Institution/Company: _____

Email Address: _____ Phone Contact: (Day) _____

How do you know the applicant? (check all that apply)

- The applicant is/was my student at college or university
 I am/was the applicant's adviser in college
 I am/was the applicant's supervisor/employer
 Other (Please explain) _____
 I am/was a colleague of the applicant _____

Evaluation of Applicant:

	Below Average	Average	Above Average	Exceptional	Don't Know
Scholarship/Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<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"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that may be helpful in the evaluation of the applicant and his/her ability to be successful in our program.

I hereby certify that the information I am submitting is complete and accurate. I understand that entering my name below acts as my signature on this form.

Signature of Reference

Date: